

## Motor Trade Road Transit Package Policy – Annual

## Proposal Form

Application No. \_\_\_\_\_

1. Please fill the form in BLOCK LETTERS.

2. Please answer all the questions fully and correctly. If a particular question is not applicable to you, please mark that question as Not Applicable "N/A".

The Company's liability does not commence until the acceptance of the proposal has been formally intimated to the Policyholder and full premium has been realized by the Company.

Intermediary Code	Intermediary Name	Intermediary Number

## INSURED DETAILS

Name of the Proposer:																											
Address:																											
Pin Code:						Tel. No:											Fax No:										
Email:																											
Occupation / Business:																											

## VEHICLE INFORMATION

Type of Cover required: Liability Only Policy ☐ Package Policy ☐

Others (specify) \_\_\_\_\_

Period of Insurance: From 

D	D	M	M	Y	Y	Y	Y
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 to 

D	D	M	M	Y	Y	Y	Y
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- Registration No. and Date of Registration of the vehicle. \_\_\_\_\_
- Registering Authority & Location \_\_\_\_\_
- Year of Manufacture \_\_\_\_\_
- Engine No. \_\_\_\_\_
- Chassis No. \_\_\_\_\_
- Make of Vehicle \_\_\_\_\_
- Type of (a) Body \_\_\_\_\_ (b) Model \_\_\_\_\_
- Gross Vehicle Weight (GVW)/Cubic Capacity (C.C.) \_\_\_\_\_
- Max. licensed carrying capacity (No. of Passengers) in case of Passenger carrying vehicles? \_\_\_\_\_
- Whether extension of geographical area To the following countries required? If "Yes" state the name of the countries.

S. No.	Country	Yes	No
1	Bangladesh		
2	Bhutan		
3	Maldives		
4	Nepal		
5	Pakistan		
6	Sri Lanka		

- Whether the vehicle is driven by non-conventional Yes ☐ No ☐ If yes, please give details \_\_\_\_\_
- Whether the vehicle is used for driving tuitions? Yes ☐ No ☐
- Whether the use of the vehicle is limited to own premises? Yes ☐ No ☐
- Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)? Yes ☐ No ☐
- Whether vehicle belongs to foreign embassy/ consulate? Yes ☐ No ☐
- Whether vehicle is designed for use of Blind/ handicapped/mentally challenged persons and duly endorsed as such by RTA ? Yes ☐ No ☐
- Whether vehicle is fitted with fibre glass tank ? Yes ☐ No ☐

18. Are you entitled to No Claim Bonus ? Yes ☐ No ☐ If yes, please submit proof thereof \_\_\_\_\_

19. Is the vehicle fitted with the any Anti-theft Device approved by the AARI, Pune? Yes ☐ No ☐

If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India.

20. Liability to Third Parties

The policy provides Third Party Property Damage (TPPD) of Rs. 1 lakh (Two wheelers) and Rs.7.5 lakhs ( other class of vehicles ).

Do you wish to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only? Yes ☐ No ☐

21. Do you wish to cover Legal Liability to?

A) Driver/Conductor/Cleaner (No. Of persons \_\_\_\_\_) Yes ☐ No ☐

B) Other employees (No. of persons \_\_\_\_\_) Yes ☐ No ☐

C) Non-fare paying passenger (No. of persons \_\_\_\_\_) Yes ☐ No ☐

22. Do you wish to include Personal Accident (P.A.) Cover for paid drivers, cleaners and conductors? Yes ☐ No ☐

If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 1 Lakh in the case of Motorised two wheelers and Rs.2 lakhs for other classes of vehicles.

Name	CSI opted (Rs.)

23. Do you wish to include P.A. Cover for unnamed persons/hirer/pillion riders(two wheelers)? Yes ☐ No ☐

If yes, give the number of persons and Capital Sum Insured (CSI) opted. The maximum CSI available per person is Rs. 1 Lakh in the case of Motorised two wheelers and Rs.2 lakhs for other classes of vehicles.

Number of persons	CSI opted (Rs.)

24. Insured's Declared Value

Insured Declared Value of the vehicle	Non Electrical Accessories fitted to the vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Side Car (two wheeler) Trailer (pvt.cars)	Value of CNG / LPG Kit	Total Value*
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

Note:

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the "SUM INSURED" for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the side car(s) and / or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV	
AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

## 25. Previous History

b. Whether the vehicle was New or Second Hand at the time of Purchase

c. Is the vehicle in good condition? Yes ☐ No ☐ If "No" please give full details

d. Name and address of the previous insurer

[illegible][illegible]

Period of Insurance from 

D	D	M	M	Y	Y	Y	Y
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 to 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

f. Type of cover Liability Only Cover ☐ Package Cover ☐ Others( specify) \_\_\_\_\_

g. Claims lodged during the year

Year	Policy Number	Previous Insurer	No. Of Claims	Amount
1				
2				
3				
4				
5				

h. Has any insurance company ever

a) declined the proposal Yes ☐ No ☐

b) cancelled & refused to renew Yes ☐ No ☐

(if yes, reasons therefor) \_\_\_\_\_

c) imposed special condition or excess Yes ☐ No ☐

(if yes, reasons and details thereof) \_\_\_\_\_

## 26. Details of Hire Purchase / Hypothecation / Lease

a) Is the vehicle proposed for insurance :-

Under Hire Purchase Yes ☐ No ☐

Under Lease Agreement Yes ☐ No ☐

Under Hypothecation Agreement Yes ☐ No ☐

b) If yes, give name and address of concerned parties \_\_\_\_\_

## 27. Details of Drivers

a) Age    Owner\_\_\_\_\_    Driver\_\_\_\_\_    Others\_\_\_\_\_

(b) Does the driver suffer from defective vision or hearing or any physical infirmity. Yes ☐ No ☐

If "Yes" please give details.

(c) Has the driver ever been involved/convicted for causing any accident or loss ? If yes, please give details as under including the pending prosecution, if any :-

Driver"s Name	Date of Accident	Circumstances of Accident/ Claim	Loss/Cost Rs.

28. Any other relevant information \_\_\_\_\_

## TERMS AND CONDITIONS

I/We hereby declare that the statement made by me/us in the proposal form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of contract between me/us and HDFC ERGO General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. 1) I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited. 2) I/We further understand and agree that HDFC ERGO General Insurance will seek confirmation of above stated details from my/ our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, HDFC ERGO General Insurance will be liable to release the payment towards any claims under Section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under Section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by HDFC ERGO General Insurance of the motor vehicle, pending confirmation of this declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to HDFC ERGO General Insurance as contained herein and relevant laws and regulation. 3) I/We acknowledge and agree that, pending receipt of confirmation of this declaration from my/our previous insurers, the "cash-less repair facility" provided by HDFC ERGO General Insurance shall stand suspended. 4) I/We also shall endeavour to procure the renewal notice and pass on the same to HDFC ERGO General Insurance immediately upon the receipt of such renewal notice. 5) I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS. 6) I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer ) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal

### Valid PUC:

☐ I/We hereby declare and confirm having a valid Pollution Control (PUC) Certificate.

## VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: \_\_\_\_\_

Signature of the Translator \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Name of the insured: \_\_\_\_\_

Signature of the insured: \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

## FRAUD WARNING

This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

## ANTI- MONEY LAUNDERING

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

## SHARING OF INFORMATION CLAUSE

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

## DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION)

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

## PROHIBITION OF REBATES (SECTION 41 OF INSURANCE ACT, 1938 AS AMENDED)

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend Rs 10 Lakhs

☐ Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail. The soft copy is valid for lodging claims or any other service needs. (If you require physical copy of your policy in future, please visit "Help" section on [www.hdfcergo.com](http://www.hdfcergo.com) or contact our customer care).

**DECLARATION BY INSURED**

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and HDFC ERGO General Insurance Company Limited.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place\_\_\_\_\_

Date\_\_\_\_\_

Signature of Proposer\_\_\_\_\_

**FOR OFFICE USE ONLY**

Channel Partner Code: \_\_\_\_\_ Branch Location: \_\_\_\_\_ Signature of Channel Partner: \_\_\_\_\_