Private Car - Proposal Form

(Applicable to Private Car Package Policy, Private Car Policy - Bundled & Stand-alone Motor Own Damage Cover - Private Car)

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". Please leave one box blank between two words while writing address.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the **Insured Person** and full premium has been realized by **Us**.

		For Office Use Only			
Imd code					
Imd Name					
Mobile No					
		INSURED DETAILS			
For Individual Customers	only				
Name of the Proposer:					
	(First Name)		(Middle Name)	(Last Na	ne)
Address:					
Marital status:	Married Unmarried Da	ate of Birth: D D M M	YYYY	Gender: M F	TG
Contact No.		Permanen	t Account number (PAN	No.)	
Email Id:					
Address proof (document	& number):	Identity proof (document & number): _		
Industry Type: Jewellery	import-export/mining shippir	ng scrap dealing	real estate	agriculture stock	broking
BFSI manufacturing	others (if others, please spec	cify):			

Income proof:
Existing KYC Number, if any:
Are you a Political Exposed Person or related to Political Exposed Person: Yes No (appropriate tick) If Yes, give details
For Corporate Customers
Name of registered Institution:
Contact No. Permanent Account number (PAN No.)
Email Id:
I have elA No:
GST NO.
Organization Type
Government Pvt Ltd. Public Ltd. Proprietor Partnership Trust HUF Section 25 Company (appropriate tick)
Please specify:
Sources of Fund: Salary Business Other

		OCCUPATION		
Salaried Professional	Self Employed	Student Housewife	Retired	Other (appropriate tick)
		POLICY DETAILS		

New Policy Renewal of HDFC ERGO R	enewal Policy no	
Name of Policy	Policy Tenure	
Private Car Package Policy	Annual	
*Standalone Motor Own Damage Cover	Annual	
Private Car Policy - Bundled	One year OD + 3 years TP	

*Existing Third Party Policy From: To: Name of insurer:

Type of cover: Own Damage + Third Party Fire + Theft + Third Party Fire + Third Party Theft + Third Party

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copylicate certificate make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. Private Car Package Policy – UIN: IRDAN125RP0001V02201415I Private Car Policy - Bundled – UIN: IRDAN125RP0008V01201819 I Standalone Motor Own Damage Cover - Private Cars – UIN: IRDAN125RP0001V0201920





Photograph

	RISK INF	ORMATION /VEHICLE INFOR	MATION											
Vehicle Manufacturer		Vehicle Mo	del											
Registration Location		Year of Ma	nufacturer											
Engine Number		Chassis Number												
Electric Motor No.	Colour of the vehicle													
Registration No.		Date of Reg	gistration:											
Fuel Type: Petrol Diesel	CNG LPG Elect	ric Licence No).											
Seating Capacity:		Cubic Capa	acity()*											
	1		1											
Insured Declared Value of the vehicle	Non Electrical Accessories fitted to the vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Value of CNG / LPG Kit	Total Value*										
		Accessories fitted to the	Value of CNG / LPG Kit Rs	Total Value* Rs										
the vehicle	fitted to the vehicle	Accessories fitted to the Vehicle												
the vehicle	fitted to the vehicle Rs	Accessories fitted to the Vehicle	Rs											
the vehicle	fitted to the vehicle Rs	Accessories fitted to the Vehicle Rs	Rs											

Year	Policy Number	Previous Insurer	No. Of Claims	Period of Insurance	Amount
1				From D D M M Y Y Y Y	
				Το D D M M Y Y Y Y	
2				From D D M M Y Y Y	
				To DDMMYYYY	
3				From D D M M Y Y Y Y	
				To DDMMYYYY	
4				From D D M M Y Y Y Y	
				To DDMMYYYY	
5				From D D M M Y Y Y Y	
				Το D D M M Y Y Y Y	

Are you entitled to No Claim Bonus: Yes No

If yes, please specify the % and submit the proof thereof

ADDITIONAL INFORMATION												
Whether the use of vehicles is limited to own premises: Yes No												
Whether the use of vehicle designed for the use of Blind / Handicap	Whether the use of vehicle designed for the use of Blind / Handicapped /Mentally challenged and duly endorsed by RTA? Yes 📃 No											
s the vehicle used for Driving Tuition: Yes No												
the vehicle proposed for insurance under: Hire –purchase Lease Agreement Hypothecation Agreement												
f Yes, give the name of the concerned parties:												
Whether vehicle belongs to foreign embassy / consulate? Yes No												
Are you a member of Automobile Association of India? Yes No												
f yes, please state:												
lame of Association Membership No.												
Date of expiry :												
Is the vehicle fitted with the any Anti-theft device approved by the A	AARI? Yes No											
If yes, attach Certificate of Installation in the vehicle issued by Autom	mobile Association of India											
Is Geographical Extension required: Yes No												
S. No. Country	Yes No											
1 Bangladesh												
2 Bhutan												
3 Maldives												
4 Nepal												
5 Pakistan												
6 Sri Lanka												

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PER	SON/		CCIE	DENT	&	LEG/	AL L	IAB	ILI	тү с	OVE	ER/	AGE	INF	OR	MA	TIC	DN												
Do you have a valid third party liability policy	for th	is ve	hicle	? (Or	י זו	valid	for	cust	tom	ners	optir	ng	for S	Stan	Idalo	one	e Mo	otc	or O	wn	Da	ma	age	Co	/er)	Yes		1	No	
Do you have a Personal Accident cover for O	wner	Driv	er wi	ith a r	nin	imur	ท รเ	um ir	nsu	red	of Rs	s 15	i Lak	khs?	2											Yes	;	1	۷o	٦
If yes, then please provide policynumber					Т																							1	L	
Do you have a Personal Accident policy for C	Dwner	Driv	er fo	or Rs 1	15 1	akhs	un	der a	anc	other	mot	tor	insu	ran	ce p	ooli	cy i	ny	our	na	me	?				Yes		N	lo [
If yes, please provide the policy number					Т						ı Ins																	1	L	
Do you have more than 1 vehicle registered in	n you	r nan	ne?	Yes	╘	No							L																	
If yes, please provide the registration number	-				T		Г					Т																		
How many of the vehicles registered in your	name	are	insur	red w	rith	HDF	CE	RGC	D?			İ																		
Please provide their policynumber:																														
Please give details of nomination for Persona	al Acci	dent	t cov	er for	· 0\	wner	Dri	iver																						
a. Name of Nominee					Γ] .	Age		Γ	yr	ſS
b. Relationship		Ť	Ħ		Ť	\square			Ť	Ť	Ť		Ħ			Ť	Ť					Ē	T]] -	
c. Name of Appointee (if nominee is a minor)			$\overline{\Box}$		Ť	$\overline{\Box}$			Ť	Ť	Ť	Ē	Ē			Ť	Ť				Ē	Ē	T						Τ	
d. Relationship to the Nominee				Ť	Ť	1	<u> </u>	Ē			Ť	Ť				Ē		T				-	Ť	Ť						
Do you wish to include the following Persona	or Un	nan	ned/	/Na	med	Pas	ser	nger	s?.																					
Unnamed Passenger :						for Unnamed/Named Passengers?. sons : CSI opted for:																								
Paid driver :	d drivers: CSI opted for :																													
In case of named persons , give name and C	SI ont	ed fo	٦r																											
Name						No	mir	100	nan	10										Pola	tion	chir								
Nume			Nominee name Relationship																											
The policy provides Third Party Property Dam	nage (TPPI	D) of	Rs 7.	5 L	akhs	;																							
Do you wish to opt for statutory TPPD liability	/ cove	rage	e of R	ls 60	00/	/- onl	y?			Yes			No																	
Legal liabil	ity																١	۷o.	Of	ре	rso	ns								
Driver /Conductor/cleaner	-																			-										
Other Employee									+																					
				М	ОТ	OR /	٩DE) – (ON	CO	/ER	s																		
Do you wish to opt for any below add-on cov	ers :																													
Zero Depreciation Claim						Cost of Consumable Items																								
Loss of Use-Downtime Protection						Higher Protection and Removal Cost																								
Engine and Gear Box Protection						E	mer	gen	су л	Assi	stand	ce	Cov	er													-		-	
Please select your Voluntary Deductible:25	00		500	00																										_
750	00		150	00		N	o C	laim	Во	nus	Prot	ect	tion]															
20	000		250	000																										
Tyre Secure						М	ulti	Veh	nicle	e Dis	cour	nt		Ν	10. c	of V	′ehi	cle	es: _											
Return to Invoice						EI	MI F	Prote	ecto	or																			-	
Pay As You Drive – Kilometer Benefit											Belo																			
Odometer reading:															•						,					,				
						D	o yo	ou w	/ish	to e	exter	nd t	he c	COVE	er to	o Co	o-Pa	ass	seng	ger	s? \	′es		No						
	EL	СТР		/EHIC		S SP	EC	IEIC	M	οτο	P AI	םר	ON	Ce		25		_												
Do you wish to opt for any below Electric Vel								IFIC		010	K AL			CC	VE	x 3														
1. Battery, Charger and Accessories Cover		peer	ne ut			ectric		otor	Co	ver																				
 3. *Zero Depreciation Claim for Battery, Charget (can be opted only if cover for Battery, Charget) 	•			sories	s Co	over				vei																				
Please provide required details as below: (It is mandatory to provide relevant details if)										2 604	ocific		14-0	nel																
Is battery detachable? Yes No	,50 16		PIC		лту	CIEC		ven		- shi		. at	-0-0																	
	IS Dattery detachable? Yes No Battery Details (Make, Model, Type, etc)																													
Kilometres Driven Annually																														
Battery Serial No				ry Su	m l	nsur	ed l	INR _																						

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Charging Accessories Details		Serial No.	Make, Model, type, etc	Sum Insured
	Acc. 1			
	Acc. 2			
	Acc. 3			

RISK INFORMATION FOR TYRE SECURE

What is the age of the driver? vrs Do you drive at night? Yes No

How many kilometres you drive during a year? _____

How are the road conditions?_

What is your credit score?_

PAYMENT DETAILS						
Cheque / Instrument number	Date of Instrument					
Branch name / Location	Amount					
BANK ACCOUNT	NT DETAILS					
Name of the Bank Account Holder						
Bank Account No	count: Saving Current					
Name of Bank						

Name of Dank																															
Branch																															
MICR Code (9	digit MICR co	de nı	umb	er o	f the	e ba	nk a	nd	bra	ncł	h a	ppe	eari	ing	g on	ı th	e cl	heo	que	iss	ueo	d b	/ th	e b	ban	k) [

IFSC Code (11 character code appearing on your cheque leaf)

I wish : 🗌 Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

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 form 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.

Valid PUC:

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

Compulsory Personal Accident:

Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner -Driver is compulsory for individual vehicle owners)

- I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as
- Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least 15 lacs.
- Owner Driver has a separate Standalone Compulsory Personal Accident policy for Sum Insured of Rs 15 lacs
- The Vehicle to be insured is not owned by an individual.
- □ The Owner Driver does not have an effective driving license.

(Note: Where the owner driver owns more than one vehicle, Compulsory Personal Accident cover can be granted for any one vehicle as opted by him/her.) Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lakhs for Private Car. Compulsory Personal Accident Cover for Owner Drivers cannot be granted where the Vehicle is owned by a company, a partnership firm or a similar body corporate.

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:

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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 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.

I/We hereby also give my/our consent voluntarily to use my PAN for the purpose of evaluating the credit score on my behalf

Place									
Date	D	D	M	M	Y	Y	Y	Y	

Signature of Proposer

FOR OFFICE USE ONLY

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