Two Wheeler 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 isnot 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										h	nter	neo	liary	Nai	ne					Intermediary Number														
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For Individual Custome	rs o	nly																																
Name of the Proposer:																				Τ						Τ								
Address:				İ	İ					ĺ	İ	İ	İ			<u> </u>		İ	Ť	T	T				Ť	Ť		Ť	Ť					
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Marital status: Married		Un	mar	ried		Age	e 🗆				Date	e of l	Birtl	n: [D	D	M	Μ	Y	Y	Y	Y	,	L	Ger	nder	: N	1]	=] т	GΓ]	L
Contact No:] F	Pern	nane	ent	Acco	unt	num	ber	(PA		lo.)														
Is the proposer a Politic	cally	Exp	ose	d Pe	erso	n?		Ye	s [□Nc)																							
Email:																																		
For Corporate Custome	ers																																	
Name of registered Ins	tituti	on:																																
Contact No:]	Pe	rma	ner	t Aco	cour	nt nu	ımb	er (I	PAN	No	o.)													
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New Policy 🗌 Renewa	al of	HDI	FC E	RG	οC] Re	enev	vall	Polic	cy no	o. []																							
Risk Start Date									ate_				_				_		_						_	-								
Type of cover: Own Da	mag	e +	Thir	d Pa	arty		ire -														ft +	Th	ird	Par	ty L									
			1	1	1			RIS	ik in	IFOI	RM/	ATIC)N/\	VEHI	CLE	INF	OR	MA	ΓΙΟ	N				1	1	1	1							
Vehicle Manufacturer																Vel	nicle	e Mo	ode															
Registration Location																Yea	ar of	Ма	nuf	acti	ure													
Engine Number																Ch	assi	s Nı	umb	er														
Colour of the vehicle																																		
Registration No.																Dat	te o	f Re	gist	rati	on:													
Fuel Type: Petrol 🗖 D	iese		0	NG [ι	pg	E	Elec	tric																									
Seating Capacity: 🛛						Cu	bic (Cap	acity	,																								
HDFC ERGO General Insuran Andheri (East), Mumbai – 400 0 400 078. For Claim/Policy relate	ce Co 159. C ed que	ompa ustor eries	ny Li ner E Conta	miteo Experi	I. IRE ence s- 022	AIR Mana 6158	eg. N agem 8 202	lo.14 ent, (0/ 02	6. CI Custo 2 623	N: U mer H 4 623	6603 Happ 34 or	0MH2 iness Visit	2007 Cer Help	PLC17 iter: D	7117 -301, on or	7. Re 3rd F	gister loor, /.hdfc	ed & East	k Co tern l	rpora Busii 1 for	ate (ness polic	Offic Dis	e: 6 trict ppy/t	th F (Mao ax c	loor, gnet ertific	Leela Mall), ate/n	a Bu LBS nake	usine 5 Ma e cha	ess F arg, E ange:	'ark, 3han s/reg	And dup (jister	heri-ł Wesi & tra	(urla i), Mu ck cla	Roa umbai aim o

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.

PREVIOUS YEAR INFORMATION

Previous Claims details

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

Are you entitled to No Claim Bonus: Yes \Box No \Box

If yes, please specify the % and submit the proof there of____

		ADDITIONAL INFORMATION	
Whether th	he use of vehicles is limited to own prer	remises Yes 🗆 No 🗖	
		ind / Handicapped /Mentally challenged and duly endorsed by RTA? Yes \square No \square	
	le used for Driving Tuition: Yes \Box No \Box		
lf Yes, give t	le proposed for insurance under: Hire - purch the name of the concerned parties	rchase Lease Agreement Hypothecation Agreement	
	nember of Automobile Association of India? Y		
Name of As		Membership No.	
Date of exp	iry D D M M Y Y Y Y		
lf yes, attacł	le fitted with the any Anti-theft device approv h Certificate of Installation in the vehicle issue hical Extension required: Yes D No D	sued by Automobile Association of India	
lf yes, attacł	h Certificate of Installation in the vehicle issue hical Extension required: Yes \Box No \Box	sued by Automobile Association of India	
lf yes, attach Is Geograph	h Certificate of Installation in the vehicle issue	sued by Automobile Association of India	
lf yes, attach Is Geograph S. No.	h Certificate of Installation in the vehicle issue hical Extension required: Yes No C Country	sued by Automobile Association of India	
lf yes, attach Is Geograph S. No. 1	h Certificate of Installation in the vehicle issue hical Extension required: Yes No C Country Bangladesh	sued by Automobile Association of India	
lf yes, attach Is Geograph S. No. 1 2	h Certificate of Installation in the vehicle issue hical Extension required: Yes No C Country Bangladesh Bhutan	sued by Automobile Association of India	
If yes, attach Is Geograph S. No. 1 2 3	h Certificate of Installation in the vehicle issue hical Extension required: Yes No Country Bangladesh Bhutan Maldives	sued by Automobile Association of India	
If yes, attach Is Geograph S. No. 1 2 3 4	h Certificate of Installation in the vehicle issue hical Extension required: Yes No C Country Bangladesh Bhutan Maldives Nepal	sued by Automobile Association of India	
If yes, attach Is Geograph S. No. 1 2 3 4 5	h Certificate of Installation in the vehicle issue hical Extension required: Yes No C Country Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka	Yes No Image:	
If yes, attach Is Geograph S. No. 1 2 3 4 5 6	h Certificate of Installation in the vehicle issue hical Extension required: Yes No C Country Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka PERSONA	Sued by Automobile Association of India Yes No Image: Im	
If yes, attach Is Geograph S. No. 1 2 3 4 5 6 0 Do you have	h Certificate of Installation in the vehicle issue hical Extension required: Yes No C Country Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka PERSONA	Yes No Image:	
If yes, attack Is Geograph S. No. 1 2 3 4 5 6 Do you have	h Certificate of Installation in the vehicle issue hical Extension required: Yes No Country Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka PERSONA e a Personal Accident cover for Owner Driver please provide policynumber	Sued by Automobile Association of India Yes No Image: Im	

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. 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 Contact us- 022 6158 2020/ 022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim or simply text "Hi" on what's app number 8169 500 500 for instant policy servicing. UIN: Two Wheeler Package Policy- Annua -IRDAN125RP0009V01202122.

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Do you have more than 1 vehicle registere If yes, please provide the registration	-							
How many of the vehicles registered	in your nam	e are insured	with HDFC	ERGO?	□Yes □No			
Pleaseprovidepolicynumber:								
Please give details of nomination for	Personal Ac	cident cover f	or Owner D	river				
a. Name of Nominee and Age								
b. Relationship								
c. Name of Appointee (if nominee is	a minor)							
d. Relationship tothe Nominee								
Do you wish to include the following	Personal Ac	cident covera	ge for Unna	med/Nan	ned Passengers	?.		
Unnamed Passenger :		Number of	Persons :			CSI opted f	for:	
Paid driver :		Number of	Paid drivers			CSI opted f	for :	
Occupants						CSI opted f	for :	
In case of named persons , give nam	e and CSI op	oted for						
Name		CSI opted for	r		Nominee nan	ne	Relatio	onship
The policy provides Third Party Prop			1 l akh					
The policy provides Third Faity Frop	enty Damage							
Do you wish to opt for statutory TPPI	D liability cov	erage of Rs 6	000/- only?	□Yes	No			
		M	OTOR ADD		VERS			
Do you wish to opt for any below ad	l-on covers							
1. Zero Depreciation Claim 🗖 2. Cas	h allowance	3. Deprec	iation waive	r 🗌 4. D	rive through pro	tection for er	ngine 🗖 5. Emerge	ency Assistance
Cover 🗌 6. Voluntary Deductible 🗌] (Tick the lir	nit: 500 🗖 7	50 🗆 1000	□ 1500	3000 🗆 9	5000 🗖 7. N	o Claim Bonus Prot	tection \Box
8. Return to Invoice \Box 9. Multi Vehi	cle Discount:	Number of V	ehicles	1	D. EMI Protector	11. Emer	gency Medical Exp	enses 🗖
			PAYMEN	T DETAIL	S			
	T T T							
Cheque / Instrument number					Date of Instrumen	t		
Branch name / Location					Amount			
		В		UNT DE	TAILS			
Bank Account No					Account: Saving 🛙	Current		
Name of Bank								
Branch					_		_	
MICR Code (9 digit MICR code number of	the bank and I	oranch appearir	ng on the che	que issued	by the bank)			
IFSC Code (11 character code appearing o	n your cheque	leaf)						
I wish : \Box Any refund due on the pre	nium payme	nt / any paym	ient/claims v	vill be dir	ectly credited to	my aforesaid	d Bank Account.*	
*As per the IRDAI, its mandatory that all pa	yments made	to the insured c	only through e	lectronic r	node.			
		T	ERMS AND	CONDIT				
I /We hereby declare that the statement m								

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 l/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 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 and regulation. 3) I/We acknowledge and agree that , pending receipt of 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)

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Valid PUC:

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

_____ Date ____

Date _____

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 Two Wheeler. 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: ____

Place _

Name of the insured:

Place ___

FRAUD WARNING

Signature of the Translator

Signature of the insured:

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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).

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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_____

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FOR OFFICE USE ONLY

Channel Partner Code: ____

Branch Location:

Signature of Channel Partner: ____