

HDFC ERGO General Insurance Company Limited

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PROPOSAL FORM

Contact No.



Please fill this form in CAPITAL LETTERS

PRODUCT	Long Term Two Wheeler Package Policy	Policy Term	<input type="checkbox"/> 2 yrs	<input type="checkbox"/> 3 yrs	ISSUE DATE	D D M M Y Y Y Y								
Renewal Policy of HDFC ERGO	<input type="checkbox"/>	Renewal Policy No./ Cover Note No.												
For Renewal of Other Company, Policy Period From		D D M M Y Y Y Y		To	D D M M Y Y Y Y		NCB : ____ % (please submit/attach proof thereof, read the declaration overleaf)							
Previous Policy No.				No of Claim				Claim Amount						
Name of previous Insurer														
Name of the Insured Mr./Ms./Mrs./M/s														
		(First Name)		(Middle Name)				(Last Name)						
Contact Person (For Corporate)														
Date of Birth		D D M M Y Y Y Y		Telephone: (Res.)										
E-mail				Get Policy on Email		<input type="checkbox"/>		PAN No.						
Registration Address														
City				State				Pincode						
eIA				Aadhar Card / UID No.										
Correspondence Address														
City				State				Pincode						
Occupation :		Sources of Fund: Salary <input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify) _____												
Effective date and time of commencement of insurance for the purpose of this act: From (Hrs)on (Date)		D D M M Y Y Y Y		Date of expiry from to midnight on (Date)		D D M M Y Y Y Y								

Place of Registration			Vehicle Make		
Model			Vehicle Description		
Type of Body			Seating cap. incl driver		
Cubic capacity			Registration No.		
Date of Registration	D D M M Y Y Y Y		Engine No.		
		Fuel Type		Petrol <input type="checkbox"/>	Battery <input type="checkbox"/>
		Chassis No.			
		Mfg Year		Y Y Y Y	Color

Insured's Declared Value (IDV)

Policy Year	Policy Period	For the Vehicle ( ` )	Non Electrical ACC ( ` ) / Side Car	Electrical ACC ( ` )	Total IDV of vehicle incl. non electrical acc
Year 1	From ____ To ____				
Year 2	From ____ To ____				
Year 3	From ____ To ____				

Personal Accident Coverage	Number	Sum Insured	Named Person (Kindly provide Names)	Sum Insured
Pillion Rider				
Paid Driver				

For PA to Named Passenger	Sr. No.	Name of Passenger	Name of Nominee / Existing Nominee	Name of the New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointe (If Nominee is a Minor)	Relationship with the Nominee
	1.							

(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)

For PA to Owner Driver	Sr. No.	Name of Nominee/ Existing Nominee	Name of the New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointee (If Nominee is a Minor)	Relationship with the Nominee
	1.						

Premium Details		Bank Codes	
Bank A/c No		BDR Code	
Instrument No		LG Code	LOS No
Issued On		Lead No	
Amount		Branch / DSA Code	
Bank Name & branch		Location	
Premium Amount			

Intermediary Name

Special remark:

<input type="checkbox"/> I agree to receive a one pager policy document.			Place : Date :
<input type="checkbox"/> I hereby declare that I do not hold an effective driving license.	Authorized Signatory	Signature of Proposer	
<input type="checkbox"/> I have read and understood and agree with the terms and conditions mentioned overleaf of this Proposal Form.			

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Name of previous Insurer																	
Name of the Insured Mr./Ms./Mrs./M/s																	
		(First Name)				(Middle Name)				(Last Name)							
Contact Person (For Corporate)																	
Date of Birth		D D M M Y Y Y Y		Telephone: (Res.)				STD Code									
E-mail				Get Policy on Email		<input type="checkbox"/>		PAN No.									
Registration Address																	
City				State				Pincode									
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Place of Registration				Vehicle Make					
Model				Vehicle Description					
Type of Body				Seating cap. incl driver			Fuel Type	Petrol <input type="checkbox"/>	Battery <input type="checkbox"/>
Cubic capacity			Registration No.			Chassis No.			
Date of Registration	D D M M Y Y Y Y	Engine No.			Mfg Year	Y Y Y Y	Color		

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Policy Year	Policy Period	For the Vehicle ( ` )	Non Electrical ACC ( ` ) / Side Car	Electrical ACC ( ` )	Total IDV of vehicle incl. non electrical acc
Year 1	From _____ To _____				
Year 2	From _____ To _____				
Year 3	From _____ To _____				

Personal Accident Coverage	Number	Sum Insured	Named Person (Kindly provide Names)	Sum Insured
Pillion Rider				
Paid Driver				

For PA to Named Passenger	Sr. No.	Name of Passenger	Name of Nominee / Existing Nominee	Name of the New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointee (If Nominee is a Minor)	Relationship with the Nominee
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(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)

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Premium Details				Bank Codes			
Bank A/c No				BDR Code			
Instrument No				LG Code	LOS No		
Issued On				Lead No			
Amount				Branch / DSA Code			
Bank Name & branch				Location			
Premium Amount							

Intermediary Name						
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Special remark:

<input type="checkbox"/> I agree to receive a one pager policy document.	<div>Authorized Signatory</div>	<div>Signature of Proposer</div>	Place : Date :
<input type="checkbox"/> I hereby declare that I do not hold an effective driving license.			
<input type="checkbox"/> I have read and understood and agree with the terms and conditions mentioned overleaf of this Proposal Form.			

**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.

**Fraud Warning:**

The 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 Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for 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.

**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 to ₹10 Lakhs.

**Mode of Payment: Cheque and Demand Draft.** 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 defraud the Insurance Company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact materials thereto, commits a fraudulent act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.

- Persons or classes of persons entitled to drive:** Any person including the Insured: Provided that the person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence; Provided also that the person holding an effective learner's licence may also drive the vehicle and that such a person satisfied the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.
- Any limitations as to use of motor vehicle:** The insurance covers use of the vehicle for any purpose other than: (a) Hire or reward; (b) Driving tuition; (c) Organised racing ; (d) Pace making; (e) Speed testing ; (f) Reliability trials; (g) Any purpose in connection with Motor Trade. In addition to this, the insurance does not cover (1) Carriage of goods (other than samples or personal luggage), in case of Private Car (2) Use whilst drawing a greater number of trailers in all than is permitted by law, in case of Agricultural Tractors; (3) Use whilst drawing a trailer except the towing (other than for reward) of any disabled mechanically propelled vehicle, in case of Goods Carrying Tractors.

YOUR INSURANCE AT A GLANCE

What You Are Covered For

‘Own Damage’ to the insured vehicle caused by:

- Accidental external means.
- Fire, explosion, self- ignition, lightning.
- Transit by road, rail, inland waterway, air, lift.
- Burglary, housebreaking or theft.
- Terrorism, riots, strikes or malicious acts.
- Earthquake, food, storm, landslide or rockslide.

Your policy also includes:

- Reimbursement of protection & towing charges upto ₹ 300 actual, whichever is lower.
- Legal liability for injury and/or damage caused to a third party.

What You Are Not Covered For

- General aging, wear and tear.
- Mechanical or electrical breakdown, failure.
- Depreciation, any consequential loss.
- Damage by a person driving without a valid licence.
- Damage by a person driving under the influence of liquor or drugs.
- Loss/ Damage attributable to war, mutiny, nuclear risks.
- Loss/Damage outside India.
- Damage to tyres and tubes, unless damaged during an accident (for cars).
- Loss or Damage to lamps, tyre, tubes, mudguards, bonnets, side parts, bumpers and paint work (applicable to all commercial vehicles excluding taxis for hire or reward).
- Compulsory deductible (amount deductible from each and every claim) as under:

Compulsory Deductible - 100/-			
Depreciation to be borne by the insured in respect of replacement of parts as under:			50%
For all rubber/ nylon/plastic parts, tyres and tubes, batteries and air bags.			
For fibre glass components			30%
For all parts made of glass			Nil
Rate of depreciation for all other parts, including, wooden parts, will be as per the following Schedule.			
Age of Vehicle	% of Depreciation	Age of Vehicle	% of Depreciation
Not exceeding 6 months	Nil	Exceeding 3 years but not exceeding 4 years	25%
Exceeding 6 months but not exceeding 1 year	5%	Exceeding 4 years but not exceeding 5 years	35%
Exceeding 1 year but not exceeding 2 years	10%	Exceeding 5 years but not exceeding 10 years	40%
Exceeding 2 years but not exceeding 3 years	15%	Exceeding 10 years	50%

Dos & Don'ts

Please carry your Certificate of Insurance with you, wherever you drive. This is compulsory by law.

Making A Claim

In case of an accident

- (a) First, call our Toll- free number: 1800 2 700 700 / 1800 226 226.

(b) Provide your Certificate of Insurance number.

(c) Request for help with towing/ ambulance services, if required (in case of private cars only).

(d) If your vehicle can be driven, take it to the dealer/ garage in the company repair network (This can be checked from the call centre) in case of repair network selection OR in the dealer/ garage of your choice.
- (e) Get a repair estimate, fill up the claim form and attach a copy of the RC Book and licence of the person driving.

(f) Advise the dealer/garage to start the repairs after assessment by an independent surveyor appointed on our behalf.

(g) Pay for any non- accident related repairs, depreciation and a small deductible.

In case of loss due to theft, arson, malicious damage, terrorism

- File a FIR (First Information Report) at the nearest police station and obtain a copy.
- Call either of our customer contact numbers for further guidance.

In case of legal liability claims

- Assist the injured to the nearest hospital and inform his/ her family.
- Report the matter to the nearest police station and obtain a copy of the FIR.
- Do not make or promise any compensation to any third party who may have been involved in the accident
- Send any legal notice you receive to us unanswered.
- Submit a claim form, attaching a copy of the RC Book. and licence of the person driving.
- Sign a “vakalatnama” authorizing us to handle the case on your behalf.

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Name of previous Insurer														
Name of the Insured Mr./Ms./Mrs./M/s														
		(First Name)		(Middle Name)				(Last Name)						
Contact Person (For Corporate)														
Date of Birth		D D M M Y Y Y Y		Telephone: (Res.)										
E-mail				Get Policy on Email		<input type="checkbox"/>		PAN No.						
Registration Address														
City				State				Pincode						
eIA				Aadhar Card / UID No.										
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Occupation :		Sources of Fund: Salary <input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify) _____												
Effective date and time of commencement of insurance for the purpose of this act: From (Hrs)on (Date)		D D M M Y Y Y Y		Date of expiry from to midnight on (Date)		D D M M Y Y Y Y								

Place of Registration			Vehicle Make		
Model			Vehicle Description		
Type of Body			Seating cap. incl driver		
Cubic capacity			Registration No.		
Date of Registration	D D M M Y Y Y Y		Engine No.		
		Fuel Type		Petrol <input type="checkbox"/>	Battery <input type="checkbox"/>
		Chassis No.			
		Mfg Year		Y Y Y Y	Color

Insured's Declared Value (IDV)

Policy Year	Policy Period	For the Vehicle ( ` )	Non Electrical ACC ( ` ) / Side Car	Electrical ACC ( ` )	Total IDV of vehicle incl. non electrical acc
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Year 2	From ____ To ____				
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Personal Accident Coverage	Number	Sum Insured	Named Person (Kindly provide Names)	Sum Insured
Pillion Rider				
Paid Driver				

For PA to Named Passenger	Sr. No.	Name of Passenger	Name of Nominee / Existing Nominee	Name of the New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointe (If Nominee is a Minor)	Relationship with the Nominee
	1.							

(In case of more than 1 named passengers, please provide details in the above format on a separate sheet)

For PA to Owner Driver	Sr. No.	Name of Nominee/ Existing Nominee	Name of the New Nominee (In case of change of existing Nominee)	Age	Relationship	Name of Appointee (If Nominee is a Minor)	Relationship with the Nominee
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Premium Details		Bank Codes	
Bank A/c No		BDR Code	
Instrument No		LG Code	LOS No
Issued On		Lead No	
Amount		Branch / DSA Code	
Bank Name & branch		Location	
Premium Amount			

Intermediary Name			
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Special remark:

<input type="checkbox"/> I agree to receive a one pager policy document.			Place : Date :
<input type="checkbox"/> I hereby declare that I do not hold an effective driving license.	Authorized Signatory	Signature of Proposer	
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Contact Person (For Corporate)							
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Registration Address							
City				State		Pincode	
eIA				Aadhar Card / UID No.			
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Occupation :		Sources of Fund: Salary		<input type="checkbox"/> Business		<input type="checkbox"/> Other (Please Specify)	
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Model			Vehicle Description		
Type of Body			Seating cap. incl driver		
Cubic capacity			Fuel Type	Petrol <input type="checkbox"/> Battery <input type="checkbox"/>	
Date of Registration	D D M M Y Y Y Y		Registration No.		
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