HDFC ERGO General Insurance Company Limited



MOTOR INSURANCE - PRIVATE CAR COMPREHENSIVE POLICY - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFOR	WATION									
For Individual Customers only										
Name of Insured*										
Date of Birth	(Middle Name) (Last Name)									
For Corporate Customers only										
Name of the Insured (Full Registered Name)*										
Contact Person	PAN									
Corr. Add : Building Name / Block No.*										
Street Name*	Locality*									
City* Pin Code*	State*									
Tel.*	Mobile*									
STD Code Email *										
elA Aadhar Card										
Aduliai Calu										
PAYMENT DETA	ILS									
Cheque / Instrument No. Date of Instrument	M M Y Y Y Y Bank Name									
Branch Name / Location: Amount:										
5-alion (tallo) 255aloni										
SOURCES OF F	JND									
Salary Business Other (Please Specify)										
DANK ASSOCIATE										
BANK ACCOUNT D	ETAILS									
Name of the Bank Account Holder										
Bank Account No.	Account: Savings Current									
Name of Bank	Branch									
MICR Code ₽ digit MICR code number of the bank and	IFSC Code (11 character code									
branch appearing on the cheque issued by the bank)	appearing on your cheque leaf)									
I wish: Any refund due on the premium payment / any payment/claims will be directly cree	dited to my aforesaid Bank Account.*									
*As per the IRDAI, its mandatory that all payments made to the insured only through e	electronic mode.									
RISK INFORMAT	ION									
Vehicle Manufacturer* Vehicle	Model*									
Registration Location* Year of	Manufacture* Y Y Y									
Engine No.* Chassis	No.*									
Colour of the Vehicle Fuel Type	pe* Petrol Diesel CNG LPG									
Seating Capacity* Cubic C	apacity(CC)*									
Occupation : (For Individual Customers Only)										
Chartered Accountant Defence & Paramilitary S	ervices Teacher in Govt. Recognized Institutes									
Central / State Govt. Employee Govt. recognized Medica										
Age of Insured										
Age of insured										
Insured Declared Value of the Vehicle* Non-Electrical Accessories Electrical & Electronic Accessories fitted to the Vehicle	Side Car (Two-Wheeler) Value of CNG / LPG Kit Total Value* Trailer (Pvt. Cars)									
Rs. Rs. Rs.	Rs. Rs. Rs.									
Type of Cover required Package Policy										
Type of Cover required Fackage Folicy										
ADDITIONAL INFOR	MATION									
Registration No.* Date of	Registration* D D M M Y Y Y Y									
Previous Insurer*										
Previous Policy No.*										
Previous Period of Insurance* From DDMMYYYYY to DDMMYY	<u> </u>									
Current Period of Insurance* From DDMMYYYY to DDMMYYYYY										
Claims lodged during the preceding year Number* Amount (Rs) (approximate)										
Are you entitled to No Claim Bonus* Yes (%) No										
(If yes, please submit/attach proof thereof. Please read the declaration below.)										
Whether the use of the vehicle is limited to own premises?	YN									
Whether the vehicle is designed for the use of Blind/Handicapped/Mentally-challenged person	ns and duly endorsed by RTA?									
2	,									
Is the vehicle proposed for insurance under:										
Is the vehicle proposed for insurance under:	Hypothecation Agreement									
Is the vehicle proposed for insurance under: Hire-Purchase Lease Agreement If Yes, give the name of the concerned parties	Hypothecation Agreement									

			CO	VERAGE II	NFORMATI	ON								
COVERAGE INFORMATION Personal Accident Cover for Owner Driver is compulsory in the Package policies. Please give details of nomination:														
` '	lame of Nominee and Age													
	Relationship Jame of Appointee (if nominee is a Mino) n												
	Relationship to the Nominee	(וע												
Note	•													
	ersonal Accident Cover for Owner drive													
	ompulsory PA cover to Owner Driver ca not hold an effective driving license)	nnot be grante	ed where a vehicle	e is owned b	y a Compar	ıy, a Part	nersnip	tirm or a si	ımııar t	ooay corpo	rate or wi	nere tne	owner driver	
	ou wish to include the following PA (Pe	rsonal Acciden	t) coverages:											
Un	named Passengers :		No. of Persons	:				CSI opte	ed for:	for: Rs.				
Pa	id Driver :		No. of Paid Driv	/ers :				CSI opte	ed for:	for: Rs.				
				(Capita	al Sum Inst	ured) per	person i	is Rs. 2 lakhs						
In case of named persons, give name and CSI opted for:														
	Name	С	SI opted for: Rs.			No	minee			Relationship				
												-		
	policy provides Third Party Property Da	,	**) 	es 🗌	No							
	Legal Liability			No. of F	Persons			1						
Dri	iver / Conductor / Cleaner			110.011	0100110			-						
	her Employee							-						
	se select the higher deductible if you w eding 1500 cc)	ish to opt for o	ver and above the	compulsor	y deductible	(Rs. 100	00 - for v	ehicles no	t excee	eding 1500	cc, Rs. 2	2000 for	vehicles	
	ls. 2500 Rs. 5000		Rs. 7500		□R	s. 15000								
	-		Mo	OTOR ADD	ON COVE	25								
Do vo	ou wish to opt for any of the below add	on covers:		310117133	011 0012									
			ero Depreciation &	loss of Us	e) 🗆	Platinum	ı Plan (7	ero Depre	ciation	Fngine &	Gear Bo	x and N	CB Protection)	
		•	·		•					_	Ocal Bo	x and re	0211010011011)	
	itanium Plan (Zero Depreciation Claim,	-			_			_ Emergen	-	sistance				
D	iamond Plan (Zero Deprecation & Cost		,	turn to Invoi				sistance W	ider					
		DECI	LARATION ON BI	EHALF OF	ALL PERS	ONS TO	BE INS	URED						
the ri	hereby understand, declare, consent a sk. I/We hereby also understand, declared in the consent and the consent	are, consent an	nd authorize the C	ompany tha	t the Compa									
disse	eminate the same to its service provide	r(s) for providin	ng services related	d to insurand	ce.									
				RMS AND										
form subn	hereby declare that the statements mad the basis of the contract between me/us nission of this proposal form, then the sa ained to me/us and that I/we have fully ur	and HDFC EF ame would be c	RGO General Insur conveyed to the ins	rance Comp surers imme	any Limited diately. I/We	. I/We als	o declar	e that, if an	ıy addi	tions or alte	erations a	re carrie	d out afer the	
1.	I/We declare that the rate of NCB state if this declaration is found to be incorred	d above by me/	us is correct and th	nat no claim	has arisen iı				the po	licy enclose	ed). I/We	further u	ndertake that,	
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 necessary confirmation, I/we agree that, though coverage under the policy will be available to me/us, HDFC ERGO General Insurance Company Limited will be liable to release the payment towards any claims under Section I of the policy only afer a confirmation in this regard is received. In the event this declaration is found to be incorrect, 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 Company Limited of the motor vehicle, pending confirmation of this declaration from my/our previous insurers, shall be without prejudict to any of the rights and remedies available to HDFC ERGO General Insurance Company Limited as contained herein and under the relevant laws and regulations.										rill be liable to incorrect, any inged/allowed nout prejudice			
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 EF General Insurance Company Limited shall stand suspended.										HDFC ERGO			
4.	I/We also shall endeavor to procure the renewal notice.	e renewal noti	ce and pass on the	e same to H	DFC ERGC	Genera	Insurar	nce Compa	ny Lim	nited immed	diately up	on the re	eceipt of such	
Proh	ibition of Rebates (Section 41 of Insuran	ce Act, 1938 as	amended):											
1.	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 risi 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 ou 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 or 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.												son taking out rer: provided acceptance of	
2.	Any person making default in complyin	g with the provi	sions of this section	n shall be lia	ble for a per	alty whic	h may ex	xtend to ten	ı lakh rı	upees.				
This person	e of Payment: Cheque & Demand Draft. policy shall be voidable at the option or on who, knowingly and with intent to de ose of misleading, information concernial lenial of insurance benefits.	f the Company efraud the Insu	in the event of mi rance Company o	is-represent or other pers	ons, files a	proposal	for insu	rance cont	aining	any false i	nformatio	n, or co	nceals for the	
	I agree to receive a one pager policy do		license											
Place			noonse.											
Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$,Si	ignature o	of Pronos	er	
				EOR-OFF	ICE USE					J.	J 0			
					ICE USE									
Cha	nnel Partner Code]	Branch	Location									

*Mandatory Information