



MOT OR INSURANCE (TWO WHEELER) - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFORMATION

For Individual Customers only

Name of Insured*

Date of Birth (First Name) (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.* STD Code Mobile*

Email *

PAYMENT DETAILS

Cheque / Instrument No. Date of Instrument Bank Name

Branch Name / Location: Amount:

SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify)

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Account: Savings ☐ Current ☐

Name of Bank Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) 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 IRDA, its mandatory that all payments made to the insured only through electronic mode.

RISK INFORMATION

Vehicle Manufacturer* Vehicle Model*

Registration Location* Year of Manufacture*

Engine No.* Chassis No.*

Colour of the Vehicle Fuel Type* ☐ Petrol ☐ Diesel ☐ CNG ☐ LPG

Seating Capacity* Cubic Capacity(CC)*

Occupation : (For Individual Customers Only)

☐ Chartered Accountant ☐ Defence & Paramilitary Services ☐ Teacher in Govt. Recognized Institutes

☐ Central / State Govt. Employee ☐ Govt. recognized Medical Professionals

Age of Insured

Insured Declared Value of the Vehicle*	Non-Electrical Accessories fitted to the Vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Side Car (Two-Wheeler)	Total Value*
Rs.	Rs.	Rs.	Rs.	Rs.

Type of Cover required ☐ Package Policy

ADDITIONAL INFORMATION

Registration No.* Date of Registration*

Previous Insurer*

Previous Policy No.*

Previous Period of Insurance* From to

Current Period of Insurance* From to

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?

Whether the vehicle is designed for the use of Blind/Handicapped/Mentally-challenged persons and duly endorsed by RTA?

Is the vehicle proposed for insurance under:

☐ Hire-Purchase ☐ Lease Agreement ☐ Hypothecation Agreement

If Yes, give the name of the concerned parties

COVERAGE INFORMATION

Please select the higher deductible if you wish to opt for over and above the compulsory deductible (Rs. 50 for Two Wheeler)

☐ Rs. 500

☐ Rs. 750

☐ Rs. 1000

☐ Rs. 1500

☐ Rs. 3000

Do you wish to include the following PA (Personal Accident) coverages:

Pillion Passengers (Two Wheeler)*	No. of Persons :	CSI opted for: Rs.
-----------------------------------	------------------	--------------------

Maximum CSI (Capital Sum Insured) per person is Rs. 1 lakh in the case of Motorized two wheelers.

In case of named persons, give name and CSI opted for:

Name				
CSI opted for: Rs.				

The policy provides Third Party Property Damage (TPPD) of Rs. 1 lakh (Two Wheeler)

Do you wish to opt for statutory TPPD liability coverage of Rs. 6000/- only ?

☐ Yes

☐ No

Legal Liability	No. of Persons
Driver / Conductor / Cleaner	
Other Employee	

MOTOR ADD-ON COVERS

Do you wish to opt for any of the below add on covers:

☐ Zero Depreciation - (Applicable only for new vehicles only)

DECLARATION ON BEHALF OF ALL PERSONS TO BE INSURED

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

TERMS AND CONDITIONS

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, 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 Company Limited 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 Company Limited 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 Company Limited as contained herein and under the relevant laws and regulations.
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 Company Limited shall stand suspended.
4.

I/We also shall endeavor to procure the renewal notice and pass on the same to HDFC ERGO General Insurance Company Limited immediately upon the receipt of such renewal notice.

Prohibition of Rebates (Section 41 of Insurance Act, 1938 as amended):

1.

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.
2.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Mode of Payment : Cheque & Demand Draft. Payment by cash will not be accepted.

This policy shall be voidable at the option of the Company in the event of mis-representation, mis-descripton or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, 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 act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.

- ☐ I agree to receive a one pager policy document.
- ☐ I hereby declare that I do not hold an effective driving license.

Place

Date

D

D

M

M

Y

Y

Y

Y

Signature of Proposer

FOR OFFICE USE

Channel Partner Code

Branch Location

Signature of Channel Partner

*Mandatory Information

Insurance is the subject matter of solicitation.