HDFC ERGO General Insurance Company Limited



MOTOR INSURANCE - PRIVATE CAR COMPREHENSIVE POLICY - PROPOSAL FORM

(Please fill in CAPITALS only)							
CUSTOMER INFORMATION							
For Individual Customers only							
Name of Insured* (First Name) (Middle Name) (La							
Date of Birth	ast Name)						
For Corporate Customers only							
Name of the Insured (Full Registered Name)*							
Corr. Add : Dividing Name (Plack No. *							
Corr. Add: Building Name / Block No.*							
Street Name* Locality* City* Pin Code* State* State*							
Tel.* Mobile* Mobile*							
Email*							
elA Aadhar Card Aadhar Card							
PAYMENT DETAILS							
Cheque / Instrument No. Date of Instrument D D M M Y Y Y Y Bank Name							
Branch Name / Location: Amount: Amount:							
SOURCES OF FUND							
Salary Business Other (Please Specify)							
BANK ACCOUNT DETAILS							
Name of the Bank Account Holder							
Bank Account No. Account	unt: 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) 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.							
As per the INDAI, its mandatory that all payments made to the insured only through electronic mode.							
RISK INFORMATION							
RISK INFORMATION							
Vehicle Manufacturer* Vehicle Model*							
Vehicle Manufacturer* Registration Location* Vehicle Model* Year of Manufacture* Y Y Y Y							
Vehicle Manufacturer* Registration Location* Engine No.* Vehicle Model* Year of Manufacture* Year of Manufacture* Chassis No.*	CNG						
Vehicle Manufacturer* Registration Location* Engine No.* Colour of the Vehicle Vehicle Model* Year of Manufacture* Y Y Y Y Chassis No.* Fuel Type* Petrol Diesel	CNG LPG						
Vehicle Manufacturer* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Vehicle Model* Year of Manufacture* Year of Manufa	CNG LPG						
Vehicle Manufacturer* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Occupation: (For Individual Customers Only)							
Vehicle Manufacturer* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Coccupation: (For Individual Customers Only) Chartered Accountant Vehicle Model* Year of Manufacture* Y Y Y Y Chassis No.* Fuel Type* Cubic Capacity(CC)* Cubic Capacity(CC)* Defense & Paramilitary Services Teacher in Govt. Rec							
Vehicle Manufacturer* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Cocupation: (For Individual Customers Only) Chartered Accountant Defense & Paramilitary Services Covt. recognized Medical Professionals							
Vehicle Manufacturer* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Coccupation: (For Individual Customers Only) Chartered Accountant Defense & Paramilitary Services Govt. recognized Medical Professionals Age of Insured Insured Declared Value of Non-Electrical Accessories Flectrical & Electronic Accessories Side Car (Two-Wheeler)	cognized Insitutes						
Vehicle Manufacturer* Registration Location* Program of Manufacture* Registration Location* Petrol Diesel Seating Capacity* Cubic Capacity(CC)* Cubic Capacity(CC)* Cubic Capacity(CC)* Cubic Capacity(CC)* Cubic Capacity(CC)* Cubic Capacity(CC)* Central / State Govt. Employee Govt. recognized Medical Professionals Age of Insured Insured Declared Value of the Vehicle Registration Location* Registr	cognized Insitutes G Kit Total Value*						
Vehicle Manufacturer* Registration Location* Pegistration Location* Engine No.* Chassis No.* Chassis No.* Colour of the Vehicle Seating Capacity* Cocupation: (For Individual Customers Only) Chartered Accountant Defense & Paramilitary Services Central / State Govt. Employee Govt. recognized Medical Professionals Age of Insured Insured Declared Value of the Vehicle Registration Location* Year of Manufacture* Year of Manuf	cognized Insitutes						
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Vehicle Manufacturer* Registration Location* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Occupation: (For Individual Customers Only) Chartered Accountant Defense & Paramilitary Services Contral / State Govt. Employee Govt. recognized Medical Professionals Age of Insured Insured Declared Value of the Vehicle Registration Location* Vehicle Model* Year of Manufacture* Year o	cognized Insitutes G Kit Total Value*						
Vehicle Manufacture* Registration Location* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Occupation: (For Individual Customers Only) Chartered Accountant Defense & Paramilitary Services Teacher in Govt. Rec Central / State Govt. Employee Govt. recognized Medical Professionals Age of Insured Insured Declared Value of the Vehicle fitted to the Vehicle fitted to the Vehicle Trailer (Pvt. Cars) Type of Cover required Package Policy ADDITIONAL INFORMATION	cognized Insitutes G Kit Total Value*						
Vehicle Manufacturer* Registration Location* Registration Location* Preserved Manufacturer* Registration Location* Preserved Manufacturer* Preserved M	cognized Insitutes G Kit Total Value*						
Vehicle Manufacturer* Registration Location* Registration Location* Previous Insurer* Vehicle Model* Vehicle* Vehicle Model* Vehicle* Vehicle Vehi	cognized Insitutes G Kit Total Value*						
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Vehicle Manufacture* Registration Location* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Cocupation: (For Individual Customers Only) Chartered Accountant Central / State Govt. Employee Cupton Lending Tentral Central Ce	cognized Insitutes G Kit Total Value*						
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Vehicle Manufacture* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Coccupation: (For Individual Customers Only) Chartered Accountant Central / State Govt. Employee Age of Insured Insured Declared Value of the Vehicle Trailer (Pvt. Cars) Type of Cover required Package Policy ADDITIONAL INFORMATION Registration No.* Previous Period of Insurance* From D M M Y Y Y Y Y Vear of Manufacture* Year	cognized Insitutes G Kit Total Value*						
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Vehicle Manufacture* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Coccupation: (For Individual Customers Only) Chartered Accountant Central / State Govt. Employee Age of Insured Insured Declared Value of the Vehicle Trailer (Pvt. Cars) Type of Cover required Package Policy ADDITIONAL INFORMATION Registration No.* Previous Period of Insurance* From D M M Y Y Y Y Y Vear of Manufacture* Year	cognized Insitutes G Kit Total Value*						
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Vehicle Manufacturer* Registration Location* Registration Location* Engine No.* Colour of the Vehicle Seating Capacity* Cocupation: (For Individual Customers Only) Chartered Accountant Central / State Govt. Employee Govt. recognized Medical Professionals Age of Insured Insured Declared Value of iffed to the Vehicle Registration No.* Type of Cover required Package Policy ADDITIONAL INFORMATION Date of Registration* Previous Period of Insurance* From D M M Y Y Y Y Y Vehicle Model* Year of Manufacture* Year	cognized Insitutes G Kit Total Value* ▼ D D M M Y Y Y Y V N						

			COVERAGE I	NFORMATION				
Personal Accident Cover for owner driver is compulsory in the package polices. Please give details of nomination:								
a. Name of Nominee and Age b. Relationship								
	me of Appointee (if nominee is a minor)							
d. Relationship to the Nominee								
Note: 1. Personal Accident Cover for owner driver is compulsory for Sum Insured of ₹1 Lakh for Two Wheeler and ₹2 Lakhs for Private Cars.								
2. Compulsory Personal Accident Cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an								
effective driving license								
Do yo	u wish to include the following Personal Accide	nt coverage:						
Unnamed Passengers:		No. of Persons :		CSI opted for: ₹				
Paid Driver :		No. of Paid Drivers :		CSI opted for: ₹				
					Maximu	um CSI (Capital Sum Insured) per person is ₹2 Lakhs		
In cas	se of named persons, give name and CSI opted	l for:		I				
	Name		CSI opted for: ₹	Nominee		Relationship		
	olicy provides Third Party Property Damage (T	,	" ,	Yes No				
Do yo	u wish to opt for statutory TPPD liability covera	ge of ₹6000/- only						
	Legal Liability		No. of	Persons				
	ver / Conductor / Cleaner							
Oth	er Employee							
	e select the higher deductible if you wish to opt	for over and abov	_	_	cc, ₹2000 for vehi	cles exceeding 1500 cc)		
₹2	2500		_ ₹7500	₹15000				
			MOTOR ARE	-ON COVERS				
Do vo	u wish to opt for any of the below add on covers	s.	WOTOR ADD	-ON COVERS				
	ilver Plan (Zero Depreciation)		lan (Zero Depreciation & Loss of U	plati	num Plan (7ero Γ	Depreciation, Engine & Gear Box and NCB Protection)		
	itanium Plan (Zero Depreciation Claim, Engine			1 idu	•	nond Plan (Zero Deprecation & Cost of consumables)		
	eturn to Invoice	a coai 200, 1102	Emergency As:	sistance Wider		Emergency Assistance		
	oldin to involoc	DEC		ALL PERSONS TO BE INSU	IPED			
101/								
I/We h	ereby understand, declare, consent and authorize	ze the Company to	use personal health details and final	ncial information, as provided to the C	ompany for under	writing the risk.		
			TERMS AND	CONDITIONS				
I/We	hereby declare that the statements made by me	/us in this Proposa	Il Form are true to the best of my/our	knowledge and belief and I/we hereb	by agree that this d	leclaration shall form the basis of the contract between orm, then the same would be conveyed to the insurers		
	ediately. I/We hereby declare that the contents of							
1.				he expiring policy (copy of the policy	enclosed). I/We f	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.	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 afer a confirmation in this							
	regard is received. In the event this declaration	n is found to be inc	orrect, any and all coverage availabl	e under Section I of the policy from the	e date of commend	cement of the policy shall stand automatically forfeited. s insurers, shall be without prejudice to any of the rights		
	and remedies available to HDFC ERGO Gene				mmy/our provious	sinsurers, shall be without projudice to any of the rights		
3.								
1	suspended.							
	4. I/We also shall endeavor to procure the renewal notice and pass on the same to HDFC ERGO General Insurance immediately upon the receipt of such renewal notice.							
Prohibition of Rebates (Section 41 of Insurance Act, 1938 as amended):								
1.	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	ne provisions of thi	s section shall be liable for a penalty v	vhich may extend to ₹10 Lakhs.				
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-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 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								
	ulent act which will render the policy voidable at t	i.	e discretion and result in a denial of ir	surance benefits.				
	I hereby declare that I do not hold an effective of	anving licerise.						
	Place							
Date D D M M Y Y Y Y Signature of Proposer								
FOR OFFICE USE								
Char	nnel Partner Code		Bran	nch Location				
*Man	datory Information					Signature of Channel Partner		