HDFC ERGO General Insurance Company Limited



MOTOR INSURANCE (COMMERCIAL VEHICLES-OTHER THAN MOTOR TRADE INTERNAL RISKS) - PROPOSAL FORM (Please fill in CAPITALS only)
LG Code

DIAMOTO MECANATION									
CUSTOMER INFORMATION									
For Individual Customers only Name of Insured*									
(First Name) (Middle Name) (Lact Name)									
Date of Birth DDMMYYYYYY 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 *									
PAYMENT DETAILS									
Cheque / Instrument No. Date of Instrument DDMMMYYYYY 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: Savings Current									
Name of Bank Branch									
MICR Code (9 digit MICR code number of the bank and									
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.									
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RISK INFORMATION									
Vehicle Manufacturer* Vehicle Model*									
Engine No.* Chassis No.*									
Type of Body* Type of Model*									
Engine No.* Chassis No.*									
Vehicle with load body □ Chassis with cabin □ Chassis with FES Fuel Type* □ Petrol □ Diesel □ CNG □ L									
Gross Vehicle Weight (GVW)* Colour of the vehicle									
Max licensed Capacity (incl Driver)* Cubic Capacity (CC)*									
Insured Declared Value of Non-Electrical Accessories Electronic Accessories Trailer Value of CNG / LPG Kit Total Value*									
the Vehicle* fitted to the Vehicle fitted to the Vehicle									
Rs. Rs. Rs. Rs. Rs.									
Type of Cover required Package Policy									
ADDITIONAL INFORMATION									
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 DDMMYYYYY									
Current Period of Insurance* From DDMMYYYYY 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? Y N									
Whether the use of the vehicle is limited to confined site? (Applicable to Goods-carrying vehicles) Payout wish to several properties of the payoff in the properties of the payoff in									
Do you wish to cover lamps tryes / tubes mudguards, bonnet/side parts, bumper, headlights and paint work of damage portion up to 50% Y N									
Do you wish to cover against over turning (Applicable for mobile cranes, drill rigs, mobile plants, excavators, navies, shovels, grabs, rippers)									
Is the vehicle owned / hired /leased / permitted by the state transport authorities for the purpose of their operation for the public transport (Applicable for passenger carrying vehicles)									
Is the vehicle proposed for insurance under: Hire-Purchase Lease Agreement Hypothecation Agreement									
If Yes, give the name of the concerned parties									

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COVERAGE INFORMATION										
Personal Accident Cover for Owner Driver is compulsory in the Package policies. Please give details of nomination:										
(a) Name of Nominee and Age										
(b) Relationship (c) Name 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 Rs. 2,00,000/- for Commercial Vehicles										
2. Compulsory PA cover to 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 you wish to include the following PA (Personal Accident) coverages:										
		ing FA (Fersonal Accider	·							
	named	No. of persons			CSI opted for: Rs.					
	id Driver/Conductor/Cleaner		No. of	paid drivers		CSI opted for: Rs.				
In ca	ise of named persons, give n						Sum Insured) per person is Rs. 2 lakhs			
	Name	CSI opted for: R	S.	Nominee	Rela	tionship				
The policy provides Third Party Property Damage (TPPD) of Rs. 1 lakh (two-wheelers) and Rs. 7.5 lakhs (other class of vehicles)										
	ou wish to opt for statutory T	, ,		O/- only ? Yes	No					
_	al Liability	No. of	Persons							
-	ver / Conductor / Cleaner									
Oth	her Employee									
No	n-fare paying passengers									
				MOTOR ADD-ON COVERS						
		_								
Do y	ou wish to opt for higher ded	luctible Yes Please	e Specify	Rs	_					
		DECL	ARATIO	N ON BEHALF OF ALL PERSON	S TO BE INSU	RED				
							ovided to the Company for underwriting			
	isk. I/We hereby also underst ame to its service provider(s)				shall have right	t to retain the afore	ementioned information and disseminate			
	(-)	gg		TERMS AND CONDITIONS						
				osal Form are true to the best of my			e hereby agree that this declaration shall			
							ion or alteration are carried out afer the the form and documents have been fully			
	ained to me/us and that I/we h				ereby deciare ii	iat the contents of	the form and documents have been fully			
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,										
••				policy in respect of Section I of the po						
2.	I/We further understand and	d agree that HDFC ERG	O Genera	al Insurance will seek confirmation	of above stated	d details from my/c	our previous insurers. Pending receipt of			
							nce, will be liable to release the payment und to be incorrect, any and all coverage			
	available under Section I of t	the policy from the date of	commen	cement of the policy shall stand auto	omatically forfei	ted. Further, any si	urvey arranged/allowed by HDFC ERGO			
				of this declaration from my/our pre- ein and under the relevant laws and		shall be without pre	ejudice to any of the rights and remedies			
•							: (''' "			
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 endeavor to procure the renewal notice and pass on the same to HDFC ERGO General Insurance immediately upon the receipt of such renewal notice.										
Proh	nibition of Rebates (Section	41 of Insurance Act, 193	88 as ame	ended):						
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 insurar			ab-section in at the time of such acce	plance the mou	rance agent satisfi	es the prescribed conditions establishing			
2.	Any person making default in	n complying with the provi	sions of t	his section shall be liable for a penal	ty which mav ex	tend to ten lakh rur	Dees.			
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	e of Payment : Cheque & de policy shall be voidable at th				cripton or non-c	disclosure of any n	naterial particulars by the Proposer. Any			
							ny false information, or conceals for the e Company's sole discretion and result in			
	nial of insurance benefits.	ir concerning any fact mat	criai triore	oto, committo a madadioni act willon	wiii render die p	oney voidable at the	e company a sole discretion and result in			
Π.										
	agree to receive a one pag		daa daad							
I	hereby declare that I do no	or noin an enective driv	ing iicel	136.						
Place										
Date D D M M Y Y Y Y Y Signature of Proposer										
<u> </u>										
FOR OFFICE USE										
Chan	nnel Partner Code			Branch Location						

*Mandatory Information

Signature of Channel Partner