HDFC ERGO General Insurance Company Limited



MOTOR INSURANCE (PRIVATE VEHICLES) - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFORMATION							
For Individual Customers only							
Name of Insured*							
Date of Birth D D M M Y Y Y Y (First Name) (Middle Name) (Last Name)							
For Corporate Customers only Name of the Insured (Full Registered Name)*	$\neg \neg$						
Contact Person PAN	\pm						
Corr. Add : Building Name / Block No.*							
Street Name* Locality*							
City* Pin Code* State*	Ħ						
Tel.* Mobile*							
STD Code Email *							
Lineii							
PAYMENT DETAILS							
Cheque / Instrument No. Date of Instrument D D M M Y Y Y Y Branch Name / Location: Amount: Branch Name / Location:							
SOURCES OF FUND							
Salary Business Other (Please Specify)							
BANK ACCOUNT DETAILS							
Name of the Bank Account Holder	\Box						
Bank Account No. Account: Savings Curren	t 🗌						
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 IRDA, its mandatory that all payments made to the insured only through electronic mode.							
To por the Index, he mandatory that all payments made to the medical entry throught electronic medic.							
RISK INFORMATION							
Vehicle Manufacturer* Vehicle Model*							
Registration Location* Year of Manufacture* Y Y Y Y Y							
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 Non-Electrical Accessories the Vehicle* Non-Electrical Accessories Electrical & Electronic Accessories							
Rs. Rs. 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 DDMMYYYY to DDMMYYYYY							
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?							
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							

solicitation.
matter of
subject
is the
Insurance

Porconal Assidant Course for Course Del	c compula	coverage INF					
Personal Accident Cover for Owner Driver i (a) Name of Nominee and Age	s compulsory i	ii iiie Package policies. Pleas	e give details of nomination:				
(b) Relationship							
(c) Name of Appointee (if nominee is a Mine	or)						
(d) Relationship to the Nominee Note							
Personal Accident Cover for Owner drive	r is compulsor	y for Sum Insured of Rs. 1,00	,000/- for Two Wheelers and I	Rs. 2,00,000/-	for Private Cars.		
2. Compulsory PA cover to Owner Driver ca	-						
does not hold an effective driving license)							
Do you wish to include the following PA (Pe	rsonal Accider	1			_		
Unnamed Passengers :		No. of Persons :		CSI opted for: Rs.			
Paid Driver :		No. of Paid Drivers :		CSI opted for: Rs.			
			Maxir	mum CSI (Cap	ital Sum Insured) per person is Rs. 2 lakhs		
In case of named persons, give name and	CSI opted for:						
Name	С	SI opted for: Rs.	Nominee	Relationship			
The policy provides Third Party Property Da	amage (TPPD)	of Rs. 7.5 lakhs (private cars)				
Do you wish to opt for statutory TPPD liabil	ity coverage of	Rs. 6000/- only ?	Yes No				
Legal Liability		No. of	Persons				
Driver / Conductor / Cleaner	Ů,						
Other Employee							
Please select the higher deductible if you wish to opt for over and above the compulsory deductible (Rs. 1000 - for vehicles not exceeding 1500 cc, Rs. 2000 for vehicles							
exceeding 1500 cc)	isir to opt for o	ver and above the compaison	y deductible (143: 1000 101 W	chiolog flot cac	accuracy 1000 cc, 143. 2000 for verticies		
Rs. 2500 Rs. 5000		Rs. 7500	Rs. 15000				
		MOTOR ADD	-ON COVERS				
Do you wish to opt for any of the below add	on covers:						
Silver Plan (Zero Depreciation)	Gold Plan (Ze	ero Depreciation & Loss of Us	e) Platinum Plan (Z	ero Depreciation	on, Engine & Gear Box and NCB Protection)		
Titanium Plan (Zero Depreciation Claim	Engine & Gea	ar Box. NCB Protection. Cost	of Consumables)	ergency Assista	ance		
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	DEC	LARATION ON BEHALF OF	ALL PERSONS TO BE INSU	JKED			
form the basis of the contract between me/u	r(s) for providir de by me/us in s and HDFC EF	ng services related to insuran TERMS AND this Proposal Form are true to RGO General Insurance Comp	ce. CONDITIONS the best of my/our knowledge pany Limited. I/We also declare	and belief and e that, if any ad	I/we hereby agree that this declaration shall ditions or alterations are carried out afer the s of the form and documents have been fully		
	d above by me	us is correct and that no claim	has arisen in the expiring polic		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 afer 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.							
I/We also shall endeavor to procure the renewal notice.	ne renewal noti	ce and pass on the same to F	IDFC ERGO General Insuran	ce Company L	imited immediately upon the receipt of such		
Prohibition of Rebates (Section 41 of Insu	rance Act, 193	88 as amended):					
relating to lives or property in India, any or renewing or continuing a policy acce that acceptance by an insurance agen	rebate of the wept any rebate, tof commission of this sub-se	whole or part of the commission except such rebate as may be n in connection with a policy of	n payable or any rebate of the p allowed in accordance with the life insurance taken out by him	remium shown e published pro self on his own	ue an insurance in respect of any kind of risk ton the policy, nor shall any person taking out spectuses or tables of the insurer: provided life shall not be deemed to be acceptance of rescribed conditions establishing that he is a		
2. Any person making default in complyin	g with the provi	sions of this section shall be lia	able for a penalty which may ex	tend to ten lakh	rupees.		
person who, knowingly and with intent to de	f the Company efraud the Insu	in the event of mis-represent trance Company or other pers	sons, files a proposal for insur	ance containir	ny material particulars by the Proposer. Any ng any false information, or conceals for the at the Company's sole discretion and result		
I agree to receive a one pager policy I hereby declare that I do not hold a		ving license.		Г			
Place							
Date D D M M Y Y Y Y				L	Signature of Proposer		
		- COD OFF	ICE USE		5.g.(a.a.) 5 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		FOR OFF					
Channel Partner Code		Branci	n Location				