

## MOTOR INSURANCE (PRIVATE VEHICLES) - PROPOSAL FORM

(Please fill in CAPITALS only)

### CUSTOMER INFORMATION

#### For Individual Customers only

Name of Insured  (First Name)  (Middle Name)  (Last Name)

Date of Birth

#### 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

### PREMIUM DETAILS

Amount Rs.  Rupees

### SOURCES OF FUND

Salary  Business  Other  (Please Specify)

### BANK ACCOUNT DETAILS

Bank Account No.  Bank Name

Branch Name & Address

### 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

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) Trailer (Pvt. Cars)	Value of CNG / LPG Kit	Total Value
Rs. <input type="text"/>	Rs. <input type="text"/>	Rs. <input type="text"/>	Rs. <input type="text"/>	Rs. <input type="text"/>	Rs. <input type="text"/>

Type of Cover required  Liability Only Policy  Package Policy  Other (please specify)

### ADDITIONAL INFORMATION

Registration No.  Date of Registraton

Previous Insurer

Previous Policy No.

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. 500 - for vehicles not exceeding 1500 cc, Rs. 1000 for vehicles exceeding 1500 cc)

Rs. 2500       Rs. 5000       Rs. 7500       Rs. 15000

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

Unnamed Passengers :	No. of Persons :	CSI opted for: Rs.
Paid Driver :	No. of Paid Drivers :	CSI opted for: Rs.

Maximum CSI (Capital Sum Insured) per person is Rs. 2 lakhs

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. 7.5 lakhs (private cars)

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	

**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.

Insurance Act 1938, Section 41-Prohibition of Rebates: 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 prospectus or tables of the Insurer. 2. Any person making default in complying with the provisions of this section shall be punishable with a fine, which may extend to Rupees five hundred.

**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 fraudulent act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.

Place

Date

Signature of Proposer

**FOR OFFICE USE ONLY (HDFC ERGO)**

Channel Partner Code

Branch Location

Signature of Channel Partner

\*Mandatory Information