

PREVIOUS YEAR INFORMATION

Previous Claims details

Year	Policy Number	Previous Insurer	No. Of Claims	Period of Insurance	Amount
1				From <dd/mm/yyyy> To <dd/mm/yyyy>	
2				From <dd/mm/yyyy> To <dd/mm/yyyy>	
3				From <dd/mm/yyyy> To <dd/mm/yyyy>	
4				From <dd/mm/yyyy> To <dd/mm/yyyy>	
5				From <dd/mm/yyyy> To <dd/mm/yyyy>	

Are you entitled to No Claim Bonus: Yes No

If yes, please specify the % and submit the proof thereof _____

ADDITIONAL INFORMATION

Whether the use of vehicles is limited to own premises: Yes No

Whether the use of vehicle designed for the use of Blind / Handicapped /Mentally challenged and duly endorsed by RTA?
 Yes No

Is the vehicle used for Driving Tuition: Yes No Is the vehicle proposed for insurance under: Hire –purchase Lease Agreement Hypothecation Agreement

If Yes, give the name of the concerned parties:

Whether vehicle belongs to foreign embassy / consulate? Yes No

Are you a member of Automobile Association of India? Yes No If yes, please state:

Name of Association:

Membership No.:

Date of expiry :<dd/mm/yyyy>

Is the vehicle fitted with the any Anti-theft device approved by the ARAI? Yes No

If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India

Is Geographical Extension required: Yes No

S. No.	Country	Yes	No
1	Bangladesh		
2	Bhutan		
3	Maldives		
4	Nepal		

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No. 146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at 022 6158 2020/022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy

copy/tax certificate/make changes/register & track claim or simply text "Hi" on our WhatsApp number 8169 500 500 for instant policy servicing **UIN: Motor Insurance - Two Wheeler Policy - Bundled - IRDAN125RP0009V01201819 | Standalone Motor Own Damage Cover - Two Wheeler - IRDAN125RP0002V01201920 | Two Wheeler Package Policy - Annual - IRDAN125RP0009V01202122 | Long Term 2 Wheeler Insurance Policy-Package Policy- IRDAN125RP0001V01201516.**

	Serial No.	Make, Model, type, etc	Sum Insured
Acc. 1			
Acc. 2			
Acc. 3			

PAYMENT DETAILS

Amount (INR) _____ GST (INR) _____
Premium including tax (INR) _____ Rupees in words _____

Cheque NEFT
Instrument No. _____ Instrument Date: _____
Bank Account No. _____
Account Type: Savings / Current / Other. If others, please specify _____
Branch Name & Address: _____
IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above - Yes/No If NO,
please provide additional bank details in below provided space:
Bank Account No. _____
Account Type: Savings / Current / Other. If others, please specify _____
Branch Name & Address: _____ IFSC Code _____
MICR Code _____

In case of Nominee Bank details to be considered as below:
Bank Account No. _____
Account Type: Savings / Current / Other. If others, please specify _____
Branch Name & Address: _____ IFSC Code _____
MICR Code _____

Sources of Fund:
Salary _____ Business _____ Other _____

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, it's mandatory that all payments made to the insured are only through electronic mode.

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/ incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

TERMS AND CONDITIONS OF THE POLICY

I/We hereby declare that the statement made by me/us in the 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 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 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 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 as contained herein and relevant laws and regulation.
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 endeavour to procure the renewal notice and pass on the same to HDFC ERGO General Insurance immediately upon the receipt of such renewal notice.
5. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

Compulsory Personal Accident:

Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner –Driver is compulsory for individual vehicle owners)

I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as

- Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least 1 lacs.
- Owner Driver has a separate Standalone Compulsory Personal Accident policy for Sum Insured of Rs 15 lacs
- The Vehicle to be insured is not owned by an individual.
- The Owner Driver does not have an effective driving license.

(Note: Where the owner driver owns more than one vehicle, Compulsory Personal Accident cover can be granted for any one vehicle as opted by him/her.) Personal Accident cover for owner driver is compulsory for Sum Insured of 1 lakhs for Two Wheelers. Compulsory Personal Accident Cover for Owner Drivers cannot be granted where the Vehicle is owned by a company, a partnership firm or a similar body corporate.

VERNACULAR DECLARATION/ASSISTANCE DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator		Signature of the Translator/Representative
Place		

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Date		
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Name of the Proposer		Signature of the Proposer
Place		
Date		

DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY

ANTI-FRAUD WARNING: 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 fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

ANTI- MONEY LAUNDERING: The Company believes in adherence to Anti Money Laundering (AML) guidelines/ rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE: The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION):

“I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance”

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company’s sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.

If you require physical copy of your policy in future, please visit “Help” section on www.hdfcergo.com or contact our customer care.

DECLARATION, CONSENT& WARRANTY BY INSURED/PROPOSER/ REPRESENTATIVE (IN CASE THE PROPOSER IS DISABLED)

- 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.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.
- I/We also declare that 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 agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I/We hereby also give my/our consent voluntarily to use my PAN for the purpose of evaluating the credit score on my behalf.
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) and to promote products to notify me/us about the services being rendered by the Company.

Place: _____

Date: _____

Signature of Proposer

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/ are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy

issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Intermediary _____

Place: _____ Date: _____ Time: _____

FOR OFFICE USE ONLY

Channel Partner Code: _____ Branch Location: _____ Signature of

Channel Partner: _____

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.