



Proposal Form- Applicable for Motor Trade Policies (Motor Trade Internal Risk Package Policy – Annual, Motor Trade Road Risk Package Policy – Annual, Motor Trade Road Transit Package Policy – Annual, Liability Only Policy - Motor Trade Road Transit – Annual, Liability Only Policy - Motor Trade Road Risk – Annual)

Application No _____

- Please fill the form in BLOCK LETTERS.
- Please answer all the questions fully and correctly. If a particular question is not applicable to you, please mark that question as Not Applicable "N/A".

The Company’s liability does not commence until the acceptance of the proposal has been formally intimated to the Policyholder and full premium has been realized by the Company.

Intermediary Code	Intermediary Name	Intermediary Number

INSURED’S DETAILS

For Individual Customers only

Name of the Proposer: _____

Present Address: _____

Is your present address same as your permanent address? Yes/No

If no, please state your permanent address along with pin code:

Marital status: Married Unmarried Date of Birth: <dd/mm/yyyy>

Gender: M F TG

Contact No. _____

Nationality _____

Permanent Account number (PAN No.) _____

Email Id: _____

Address _____ proof _____ (document _____ & _____ number):

Identity _____ proof _____ (document _____ & _____ number):

Occupation: Salaried / Professional / Self Employed / Student / Housewife / Retired / Other (Please specify) _____



Organization Type

Government / Pvt Ltd. / Public Ltd. / Proprietor / Partnership / Trust / HUF / Section 8 Company (appropriate tick)

Please specify: _____

Sources of Fund:

Salary _____

Business _____

Other _____

OCCUPATION

Salaried / Professional / Self Employed / Student / Housewife / Retired / Other (appropriate tick)

POLICY DETAILS

New Policy Renewal of HDFC ERGO Renewal Policy no _____

Please select your risk category	
Motor Trade Road Transit	<input type="checkbox"/>
Motor Trade Road Risk	<input type="checkbox"/>
Motor Trade Internal Risk	<input type="checkbox"/>

Type of Cover required: Liability Only Policy* Package Policy

**Motor Trade Internal Risk is not applicable for Liability Only Policy*

*Existing Third Party Policy: From: _____ To: _____

Name of insurer: _____

Others(specify) _____

Period of Insurance: From

D	D	M	M	Y	Y	Y	Y
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 to

D	D	M	M	Y	Y	Y	Y
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RISK INFORMATION /VEHICLE INFORMATION

1. Registration No. and Date of Registration of the vehicle.

2. Registering Authority & Location



3. Year of Manufacture _____
4. Engine No. _____
5. Chassis No. _____
6. Make of Vehicle _____
7. Type of (a) Body _____ (b) Model _____
8. Gross Vehicle Weight (GVW)/Cubic Capacity(C.C.) _____
9. Max. licensed carrying capacity (No.of Passengers) in case of Passenger carrying vehicles? _____
10. Whether extension of geographical area To the following countries required? If "Yes" state the name of the countries.

S. No.	Country	Yes	No
1	Bangladesh		
2	Bhutan		
3	Maldives		
4	Nepal		
5	Pakistan		
6	Sri Lanka		

11. Whether the vehicle is driven by non-conventional Yes No
 If yes, please give details _____
12. Whether the vehicle is used for driving tuitions? Yes No
13. Whether the use of the vehicle is limited to own premises? Yes No
14. Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)? Yes No
15. Whether vehicle belongs to foreign embassy/ consulate? Yes No
16. Whether vehicle is designed for use of Blind/ handicapped/mentally challenged persons and duly endorsed as such by RTA ? Yes No
17. Whether vehicle is fitted with fibre glass tank ? Yes No
18. Are you entitled to No Claim Bonus ? Yes No



If yes, please submit proof thereof _____

19. Is the vehicle fitted with the any Anti-theft Device approved by the AARI, Pune? Yes No

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

20. Liability to Third Parties

The policy provides Third Party Property Damage (TPPD) of Rs. 1 lakh (Two wheelers) and Rs.7.5 lakhs (other class of vehicles).

Do you wish to to restrict the above limits to the statutory TPPD Liability limit of Rs.6000/- only?

Yes No

21. Do you wish to cover Legal Liability to?

A) Driver/Conductor/Cleaner (No. Of persons _____) Yes No

B) Other employees (No. of persons _____) Yes No

C) Non-fare paying passenger (No. of persons _____) Yes No

22. Do you wish to include Personal Accident (P.A.) Cover for paid drivers, cleaners and conductors? Yes No

If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 1 Lakh in the case of Motorised two wheelers and Rs.2 lakhs for other classes of vehicles.

Name	CSI opted (Rs.)

23. Do you wish to include P.A. Cover for unnamed persons/hirer/pillion riders(two wheelers)? Yes No

If yes, give the number of persons and Capital Sum Insured (CSI) opted. The maximum CSI available per person is Rs. 1 Lakh in the case of Motorised two wheelers and Rs.2 lakhs for other classes of vehicles.

Number of persons	CSI opted (Rs.)

24. Insured's Declared Value

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.	Rs.	Rs.	Rs.	Rs.	Rs.

Note:

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the "SUM INSURED" for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the side car(s) and / or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV	
AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

Note. IDV of obsolete models of vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

25. Previous History

- a. Date of Purchase of the vehicle by the

D	D	M	M	Y	Y	Y	Y
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 proposer
- b. Whether the vehicle was New or Second Hand at the time of Purchase _____
- c. Is the vehicle in good condition ? Yes No If "No" please give full details _____
- d. Name and address of the previous insurer _____

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, its mandatory that all payments made to the insured 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.

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 +91 22 6234 6234/+91 022 6158 2020 or Visit Help Section on www.hdfcoergo.com for policy copy/tax certificate/make changes/register & track claim. UIN: Motor Trade Internal Risk Package Policy – Annual-

IRDAN125RP0016V01202122, Motor Trade Road Risk Package Policy – Annual-
 IRDAN125RP0014V01202122, Motor Trade Road Transit Package Policy – Annual-
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 IRDAN125RP0008V01202122, Liability Only Policy - Motor Trade Road Risk – Annual-
 IRDAN125RP0007V01202122

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.

6) 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

Valid PUC: I/We hereby declare and confirm having a valid Pollution Control (PUC) Certificate.

VERNACULAR DECLARATION/ASSISTANCE DECLARATION

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate or having disability and requires assistance in completing the proposal form (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		
Date		

Name of the Proposer		Signature of the Proposer
Place		
Date		

DECLARATION ON BEHALF OF THE 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

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 +91 22 6234 6234/+91 022 6158 2020 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. UIN: Motor Trade Internal Risk Package Policy – Annual-

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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.

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 IRDAN125RP0007V01202122



- 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	Date
Time	Place

FOR OFFICE USE ONLY

Channel Partner Code: _____
Branch Location: _____
Signature of Channel Partner: _____

PROHIBITION OF REBATES (SECTION 41 OF INSURANCE ACT, 1938 AS AMENDED)

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.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend Rs 10 Lakhs.