

**MOTOR INSURANCE (COMMERCIAL VEHICLES-OTHER THAN MOTOR TRADE INTERNAL RISKS) - PROPOSAL FORM**

(Please fill in CAPITALS only)

LG Code \_\_\_\_\_ Branch Code \_\_\_\_\_

**CUSTOMER INFORMATION**

**For Individual Customers only**

Name of Insured\* \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Date of Birth         (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

**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.\* \_\_\_\_\_ STD Code \_\_\_\_\_ Mobile\* \_\_\_\_\_

Email \* \_\_\_\_\_

**PREMIUM DETAILS**

Amount Rs.\* \_\_\_\_\_ Rupees\* \_\_\_\_\_

**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  $\emptyset$  digit MICR code number of the bank and \_\_\_\_\_ IFSC Code (11 character code \_\_\_\_\_ 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.

**RISK INFORMATION**

Vehicle Manufacturer\* \_\_\_\_\_ Vehicle Model\* \_\_\_\_\_

Registration Location\* \_\_\_\_\_ Year of Manufacture\*

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  LPG

Gross Vehicle Weight (GVW)\* \_\_\_\_\_ Colour of the vehicle \_\_\_\_\_

Max licensed Capacity (incl Driver)\* \_\_\_\_\_ Cubic Capacity (CC)\* \_\_\_\_\_

Insured Declared Value of the Vehicle*	Non-Electrical Accessories fitted to the Vehicle	Electrical & Electronic Accessories fitted to the Vehicle	Trailer	Value of CNG / LPG Kit	Total Value*
Rs. _____	Rs. _____	Rs. _____	Rs. _____	Rs. _____	Rs. _____

Type of Cover required  Package Policy

**ADDITIONAL INFORMATION**

Registration No.\* \_\_\_\_\_ Date of Registration\*

Previous Insurer\* \_\_\_\_\_

Previous Policy No.\* \_\_\_\_\_

Previous Period of Insurance\* From         to

Current 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 use of the vehicle is limited to confined site? (Applicable to Goods-carrying vehicles)

Do you wish to cover lamps tries / tubes mudguards, bonnet/side parts, bumper, headlights and paint work of damage portion up to 50%

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 \_\_\_\_\_

**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:

Unnamed	No. of persons	CSI opted for: Rs.
Paid Driver/Conductor/Cleaner	No. of paid drivers	CSI opted for: Rs.

In case of named persons, give name and CSI opted for: Maximum CSI (Capital Sum Insured) per person is Rs. 2 lakhs

Name	CSI opted for: Rs.	Nominee	Relationship

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 opt for statutory TPPD liability coverage of Rs. 6000/- only ?  Yes  No

Legal Liability No. of Persons

Driver / Conductor / Cleaner	
Other Employee	
Non-fare paying passengers	

**MOTOR ADD-ON COVERS**

Do you wish to opt for higher deductible Yes  Please Specify Rs. \_\_\_\_\_

**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 Ltd. I/We also declare that, if any addition or alteration 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 under the 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 endeavor to procure the renewal notice and pass on the same to HDFC ERGO General Insurance 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.

- I agree to receive a one pager policy document.  
 I hereby declare that I do not hold an effective driving license.

Place

Date

Signature of Proposer

**FOR OFFICE USE**

Channel Partner Code

Branch Location

Signature of Channel Partner

\*Mandatory Information

Insurance is the subject matter of solicitation. Form No. 160