



HDFC General Insurance Limited

(Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

Proposal Form:

myjeevika Commercial & Miscellaneous & Special Type Vehicles Package Policy

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with* are mandatory.
 2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
 3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable.
 4. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.
- Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

Channel: Broker Corporate Agent Direct Individual Agent Others

FOR OFFICE USE ONLY

Branch Code	:	_____
Intermediary Code*	:	_____
Intermediary Location Code	:	_____
Intermediary Employee Code	:	_____
Intermediary Reference Code	:	_____
Sales Manager Code	:	_____
Cover note no.	:	_____
Cover note start date	:	DDMMYYYY

PROPOSER INFORMATION (Please enter details of the Customer)

Title* (Pls. Tick): Ms. Mrs. Mr. Gender: Male Female Date of Birth*: DDMMYYYY

Name*: F I R S T M I D D L E L A S T

Father's Name*: F I R S T M I D D L E L A S T

Annual Income: less than ₹2 lacs between ₹ 2-5 lacs between ₹5-10 lacs between ₹10-20 lacs ₹20 lacs and above

Correspondence Address:

Block/Flat No.*: _____ Floor No.: _____ Building Name*: _____

Street Name*: _____ Locality: _____

Landmark*: _____

City/Village*: _____ Pincode*: _____

State*: _____ Marital Status: Single Married

Post Office: _____ PAN No.: _____

Mobile No.*: _____ Landline*: STD _____

Email ID 1*: _____

Email ID 2: _____

Occupation: Government Service Private Sales Other Private Services Self Employed Housewife Student
 Retired Unemployed

Age of the driver (as on last birthday) who is likely to drive most: _____ Years

VEHICLE REGISTRATION ADDRESS Address same as above: Yes No If No, please provide below:

Block/Flat No.*: _____ Floor No.: _____ Building Name*: _____

Street Name*: _____ Locality: _____

Landmark*: _____

City/Village*: _____ Pincode*: _____

Post Office: _____

TYPE OF COVER (Please select the appropriate coverage from the below options)

Proposal for: Original Owner Second hand Vehicle Rollover Renewal Endorsement

Do you wish to insure Fleet? Yes No No. of Vehicles in the fleet: _____ (Please attach complete details of fleet in separate sheet)



Type of Cover Required (Only Package Policy may be opted in case of Miscellaneous Vehicle)

Package Fire Only Theft Only Fire and Theft Only Liability Only and Fire Only

Liability Only and Theft Only Liability Only and Fire and Theft Only

Proposed Policy Start Date: End Date:

Continuation of Cover: Continuous Break-in upto 7days Break-in upto 7-30 days Break-in beyond 30 days

VEHICLE INFORMATION (Please provide identification details of your vehicle)

Make*: Model*:

Variant*: Registration No./Serial No:

Registration Date: Registration/RTO Location:

Month & Year of Manufacture*: Cubic Capacity: Gross Vehicle Weight/HP*:

Engine No.*: Chassis No.*:

Max. licenced carrying capacity (incl. driver): Average Km in month:

1. Type of Body:

2. Type of Vehicle/Risk : Goods Carrying Passenger Carrying

Spl. designed/Blind/Handicapped Miscellaneous Type of Vehicles

3. Fuel Type: Petrol Diesel CNG LPG Electricity

4. Type of Carrier: Private Carrier Public Carrier Stage Carriage Contract Carriage Misc Type of Vehicles

5. Type of Parking: Garage Parking Public Parking Street Parking

6. Risk Control Device: GPS Fitted Others

7. Provide Trailer details if applicable:

Trailer 1 Registration No. / Serial No.:

Trailer 2 Registration No. / Serial No.:

If more than two trails allowed, attach details in separate sheet.

Note: GVW is mandatory in case of Goods Carrying Vehicles & HP is mandatory in case of Tractors

INSURED'S DECLARED VALUE (IDV) DETAILS (Please enter the amount for which Insurance Cover is required.)

The IDV of the Vehicle will be deemed to be the "sum insured" for the purpose of the policy. It will be computed on the basis of manufacturer's listed selling price of the brand and models of the vehicle proposed for insurance at the time of commencement of insurance/renewal and adjusted for depreciation as per the adjacent schedule.	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: For Vehicles > 5 years old, please contact Company for IDV

Please enter the Insured Declared Value of the Vehicle				₹
Non-electrical Accessories (Other than manufacturer fitted)				₹
Details: Electrical and Electronic Accessories (Other than manufacturer fitted)				₹
	Stereo	AC	Others- Pls specify	
Make				
Model				
Year				
Bi-fuel/CNG/LPG Kit (Other than manufacturer fitted)				₹
Trailer Total Value				₹
Total IDV				₹

VEHICLE USAGE AND TYPE DETAILS (Please provide additional information about your vehicle)

- Vehicle Usage: Used as Bus/Taxi/Auto Maxicab Driving Tuitions Confined to own Premises/Site Towing Purpose
 Used for Foreign Embassy/Consulate Used by Schools for students Used by Corporates for their employees Other purpose
- Nature of Permit: National State Interstate City Limits

COVERAGES

- Is the vehicle to be insured Imported? Yes No If Yes, does the Sum Insured include customs duty on the imported vehicle? Yes No
- Is the vehicle fitted with Fibre Glass Fuel Tank? Yes No
- Is the vehicle fitted with any Anti-theft device approved by the Automobile Research Association of India? Yes No
If Yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India.
- Do you want to cover for lamps, tyres/tubes, mudguards, bonnet/sideparts, bumper, headlights and paintwork of the damaged portion upto 50% (IMT 23)?
 Yes No
- Do you wish to cover against Overturning? Yes No
(Applicable for mobile cranes, drilling rigs, mobile plants, excavators, navies, shovels, grabs, rippers, wheel order back hose) – (IMT 47)
- Do you wish to cover Negligence of the Owner or Driver? – (IMT 44) Yes No
- Theft and Conversion Risk: Yes No
- Use of commercial type vehicles for both commercial and private purpose Yes No
- Do you want to opt for Geographical Extension#? Yes No
If Yes, please select: Bangladesh Bhutan Nepal Pakistan Sri Lanka Maldives

Vehicle laid up details:
 Vehicle laid up period: [][][][] Vehicle laid up start date: [D][D][M][M][Y][Y][Y][Y] Vehicle laid up end date: [D][D][M][M][Y][Y][Y][Y]

Note: #This cover will give protection to your vehicle at any of the locations selected.

- Driver certified for carrying hazardous material: Applicable - Certified Applicable - Not Certified Not Applicable
- No. of paid Drivers/Conductors/Cleaners: [][][] No. of Other Employees: [][][] No. of passengers: [][][]
- No. of Non-Fare Paying Passengers: [][][]
- Legal Liability to person employed in connection with Operation/Maintaining and/or Loading/Unloading [][][]
- Legal Liability under the Workmen’s Compensation Act 1923 [][][]
- Do you want to restrict the Third Party Property Damage cover to statutory limit of ₹ 6000 only? Yes No
- Personal Accident (PA) Details: No of Paid Drivers/Cleaners/Conductors: [][][] Specify Sum Insured per paid driver: [][][][][][][][][]
- PA for unnamed persons/hirer/pillion riders (Two wheelers): Yes No If Yes, then specify no. of unnamed persons: [][][][][][][][][]
- Specify Sum Insured per unnamed person: [][][][][][][][][] (Sum Insured should be in multiple of ₹10,000 subject to maximum of ₹2 Lacs)

• If PA cover for Owner Driver is opted for, then please give the details*:

Type	Name		Age/DOB	License Number	Driving Experience	No. of accidents in last 3 years
Owner					Years	
Name of the Nominee		Age	Relationship	Name of the Appointee (If Nominee is Minor)		Relationship

Type	Name		Age/DOB	License Number	Driving Experience	No. of accidents in last 3 years
Paid Driver					Years	
Name of the Nominee		Age	Relationship	Name of the Appointee (If Nominee is Minor)		Relationship

Note: 1) Personal Accident cover for owner driver is compulsory for sum insured of ₹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 want Unnamed PA Cover#3? Yes No Sum Insured per person:

• Do you wish to include Personal Accident cover for named person*? Yes No If 'Yes', give Name & Capital Sum Insured (CSI) opted for:

Sr. No.	Name	CSI opted (Rs.)	Nominee	Relationship
1.				
2.				
3.				

Note: The maximum CSI available per person is ₹ 2 lakhs in case of Commercial Vehicles. (CSI per person should be the same.)

• Do you want to cover legal liability for Paid Drivers#4? Yes No If Yes, specify No. of Drivers:

• Do you want to cover legal liability for Other Employees#5? Yes No If Yes, specify No. of Employees:

Note - #1) This cover will give you discount in the Vehicle Own Damage premium, in case you agree to reduce the identified amount in each and every claim. #2) This cover will give protection to your vehicle at any of the locations selected. #3) This cover will give you compensation (upto the limit selected, in multiple of Rs.10,000 subject to maximum of Rs.2 Lacs) in the event of accident whilst travelling or getting in / out of the vehicle. #4) This cover will take care of your liability towards your paid driver in case he meets with an accident while on duty. #5) This cover will take care of your liability towards employees in case they meet with an accident while travelling in your vehicle.

FINANCE INFORMATION (Please provide details of the institution giving finance for purchasing your vehicle, if any)

Type of Financier: Hire Purchase Lease Agreement Hypothecation

Financier Name:

Financier Address:

City:

PREVIOUS INSURANCE DETAILS

Previous Insurer Name:

Previous Insurer Address:

City: Phone No.:

Type of Cover: Package Liability Only Fire Only Theft Only Fire and Theft Only Policy Start Date:

Liability Only and Fire Only Liability Only and Theft Only Liability Only and Fire and Theft Only Policy End Date:

Policy/Cover Note No.: NCB on Policy: %

Claims reported in last 3 years

Year in which claim reported	Year 1	Year 2	Year 3
Number of Claims in the year			
Total Amount			

Note – Kindly submit Renewal Notice for your Expiring Policy or Expiring Policy Copy and duly signed Declaration to avail the No Claim Bonus Discount 'NCB'

PREMIUM PAYMENT DETAILS (Please provide the details of premium payment)

Premium Amount: ₹ [] Select Payment Option: Cash# Cheque DD Credit/Debit Card

For Cheque / DD (payable in favour of "HDFC General Insurance Limited")

Instrument No.: [] Instrument Date: [D | D | M | M | Y | Y | Y | Y] Instrument Amount: ₹ []

Bank Name: []

For Credit Card/Debit Card

Card No.: [] Card Type: Master Card Visa AMEX

Expiry Date: [D | D | M | M | Y | Y | Y | Y] Name on Card: []

(Only Proposer's Card to be accepted)

#Cash towards premium will be accepted only at our branch offices.

DECLARATION

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 the HDFC General Insurance Ltd.

I/We also hereby 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 understand that failure to comply with any of the above declaration will lead to forfeiting of benefit/s as provided under the policy including cancellation of policy by insurer from inception, as the case may be.

I/We agree to receive a one pager policy document.

Place: Date: Signature of Proposer

myjeevika Commercial & Miscellaneous & Special Type Vehicles Package Policy. UIN: LNT-MO-P16-64-V02-15-16
HDFC General Insurance Ltd. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020.
Toll Free: 1800-209-5846 | Email: care@hdfcgi.com | Website: www.hdfcgi.com. CIN: U66030MH2007PLC177117. IRDAI Reg. No. 146.

5

ACKNOWLEDGEMENT

Received from Mr./Mrs./Ms. _____ Branch Code: _____

a sum of ₹ _____ through Cash#/Cheque/DD/Credit Card/Debit Card No. _____ Intermediary Code*: _____

against your proposal for myjeevika Commercial & Miscellaneous & Special Type Vehicles Package Policy. Intermediary Location Code: _____

Vehicle No. _____ Intermediary Employee Code: _____

Signature of Intermediary: _____ Date: [D | D | M | M | Y | Y | Y | Y] Intermediary Reference Code: _____

Intermediary Name: _____ Time: [h | h | : | m | m] Intermediary Contact Details: _____

Disclaimer: The liability of the company does not commence unless a written confirmation in the form of Covernote/Policy or in any other form is given to the proposer

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DECLARATION FOR NCB

I/We hereby declare that the rate of % NCB Claimed by me/us is correct and that no claim has arisen in the expiring policy period (copy of policy enclosed).
I/We further undertake that if this declaration is found incorrect, benefits under the policy in respect of Section I of the policy will stand forfeited.

Date:

Signature of Proposer

PROHIBITION OF REBATES – UNDER SECTION 41 OF THE INSURANCE LAWS (AMENDMENT) ACT, 2015

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹10,00,000/-

The issuance of the Policy is subject to realization of premium cheque.



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