

Application No: _____

COCO ASSET PROTECT - DHFL GENERAL INSURANCE
PROPOSAL FORM

These are the minimum requirements to be furnished by a You. We may seek any other information as desired for underwriting purposes.

- Please tick the boxes wherever applicable. Please fill in CAPITALS.
- Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
- All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover.

Proposal For: New Policy Endorsement

INSURED DETAILS			
Insured Name *			
Insured Address*			
Mobile No.*	Email Address		
Aadhar No.			
Hypothecation (If any)			
Policy Period	From: --/-- Hrs. on dd/mm/yyyy	To: Midnight of dd/mm/yyyy	

DETAILS OF THE ITEMS TO BE COVERED*							
Sr. No	Name & Full description of Insured Property	Quantity/ Weight	Make & Model	Identification Number	Date of Purchase	Manufacturer Warranty Period (In Months)	Sum Insured*
TOTAL SUM INSURED							in (₹) _____

Restrict the Covers (select minimum 2 covers from 1 to 5) (Put a tick mark to select)*	
1. Screen Damage (For items with Digital Screen) <input type="checkbox"/>	4. Fire & Act of God Perils <input type="checkbox"/>
2. Liquid Damage <input type="checkbox"/>	5. Burglary & Theft <input type="checkbox"/>

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Board Line: 022-4001 8100/8200 CIN: U66000MH2016PLC283275 IRDAI Registration Number: 155

Product UIN: IRDANI55RP0001V01201920 GSTIN: 27AAFCD7985H1Z4 Email: mycare@dhflinsurance.com Website: www.dhflinsurance.com

3. Accidental Damage (Including digital screen and liquid damage) <input type="checkbox"/>	6. Extended Warranty <input type="checkbox"/>
Cover the Exclusions: Following exclusion can be covered on payment of Additional Premium*	
1. Riot/Strike/Malicious Act <input type="checkbox"/>	4. Loss or Damage to Battery <input type="checkbox"/>
2. Unoccupancy extension > 30 days. <input type="checkbox"/>	5. Pair and Set <input type="checkbox"/>
3. Misplacement <input type="checkbox"/>	6. Electrical/Mechanical /Electronic Breakdown <input type="checkbox"/>
7. Jewellery and Valuables coverage in Bank Locker or any other locker <input type="checkbox"/>	
Do You wish to opt for:	
1) Reinstatement of Sum Insured	Yes <input type="checkbox"/>
2) Waiver of Condition of Average	Yes <input type="checkbox"/>
3) Depreciation	Yes <input type="checkbox"/> -----% Opted No <input type="checkbox"/>
4) Deductible	Yes <input type="checkbox"/> -----%/Amount No <input type="checkbox"/>

Additional Information*				
Safety Measures available within Premises: (Applicable in case of Fire & AOG/Burglary/Theft)				
Is Your Equipment having Annual Maintenance Cover?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Please provide Previous Policy details:				
Name of the Insurer	Policy Number	Year	Policy coverage	Premium Details in (₹)
Please provide Claim History for the last 3 years:				
Name of Insurer	Year	Description of Loss/Damage	Total Claim Amount Paid /Outstanding in (₹)	
Any other information please specify:				
Has any company Declined/Cancelled/ Refused to renew/ Accept on special terms in the past? If Yes, please give the details:				

PREMIUM PAYMENT AND BANK DETAILS*				
Payment Option:	Cheque <input type="checkbox"/>	Demand Draft <input type="checkbox"/>	Fund Transfer <input type="checkbox"/>	Pay Order <input type="checkbox"/>
	Debit Card <input type="checkbox"/>	Credit Card <input type="checkbox"/>		
Premium Amount:	₹ _____	Amount in Words:	_____	
For Cheque/DD/PO (Payable in favour of DHFL General Insurance Company Limited):				

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Account Holder
Name: _____

Instrument Number : _____ Instrument Date : _____

Instrument Amount : _____ Bank Name : _____

Credit/Debit Card No. : _____ Expiry Date : _____

Fund Transfer/Wallet : *Name of Bank/Wallet* Transaction Number : _____

PAN Number : _____ TAN Number : _____

Note:
As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

Account No. : _____ IFSC/MICR Code : _____

UPI ID : _____ Branch Name: : _____

Type of Account : Saving Bank's Account Current Account
Others (Please Specify)

ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER

(Email Id is mandatory)

Do you have an EIA : Yes No If No, do you wish to apply for EIA : Yes No

If Yes, please quote the EIA number : <<_____>>

If applied, please mention your preferred Insurance Repository : <<_____>>

Email Id (Registered with Insurance Repository) : <<_____>>

Your Policy will be credited in your EIA account and your address details as mentioned in the EIA shall override the address provided in this proposal for Insurance. We request you to inform the Repository of any changes in the details immediately.

Declaration:

"I/We desire to insure with DHFL GENERAL INSURANCE LTD ("Company") in respect of the Property described in this proposal form and statements contained herein, shared by me digitally or otherwise either through Company website, emails, Mobile application or any such mode of communication are true and accurate representations.

I/We undertake and confirm that:

a) If any of the statements made herein are found to be false or incorrect, the benefits under this policy would stand forfeited.

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- b) This application and declaration shall be promissory and shall be the basis of contract between me/us and the Company.
- c) I/We have read and understood the coverages, the terms and conditions and accept the Company's policy of insurance along with said conditions.
- d) If any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information submitted by me/us after the submission of this proposal form, then the same would be conveyed to the Company immediately, failing which the benefits under the policy would stand forfeited.
- e) The Company may take appropriate measures to capture the voice log for all telephonic transactions carried out by me/us as required by the procedure/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation.
- f) The insurance would be effective only on acceptance of this application by the Company and the payment of requisite premium in advance. In the event of non-realization of the Cheque or non-receipt of the amount of premium by the company, the policy shall be deemed cancelled "ab initio" and the Company shall not be responsible for any liabilities of whatsoever nature under this policy.
- g) 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 listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.

Place:

Date:

Signature of Proposer

INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)	
Branch Office:	Intermediary Code:
Branch Code:	Intermediary Name:
Business Sector: Urban/Rural/Social	Intermediary contact Number:

SECTION 41 OF INSURANCE ACT, 1938

- 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 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 Insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Rupees Ten Lakhs.

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