

Application No: - _____

PROPOSAL FORM

(PRIVATE CAR / TWO-WHEELER)

Vehicle used for Social, Domestic, Pleasure and Professional Purpose only (Not for Hire or Reward)

Note: 1. The proposed vehicle is not covered until the proposal is accepted and premium paid. 2. The proposed vehicle must be free of any defects and in perfect condition at the time of proposal & inception of the insurance cover. 3. Please complete all sections in capitals and tick the boxes wherever applicable. Please furnish all information that is sought and is having a bearing on the risk. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. 4. We shall process the proposal within a reasonable period but not exceeding 15 days from the date of receipt of proposal or any other requirement called by us. Where a proposal deposit is refundable under any circumstances, we shall refund the same within 15 days from the date of underwriting decision on the proposal. We may share the information provided by you with statutory authority, if so required, due to operation of any law.

Proposal For: New Policy Endorsement

Proposer's Name			
Date of Birth	dd/mm/yyyy	Age	
Gender	Male/Female	Marital Status	Married/Unmarried
Education Qualification			
Occupation / Profession (Please tick relevant option as per your profile)	Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Service <input type="checkbox"/> Defense/ Paramilitary Forces <input type="checkbox"/> Professionals: 1. CA <input type="checkbox"/> 2. Doctors <input type="checkbox"/> 3. Architect <input type="checkbox"/> 4. Engineer <input type="checkbox"/> 5. Teachers/Professors 6. Any Other <input type="checkbox"/> Please Specify _____		
Address for Correspondence (This address will be taken for GST computation)			
GSTN		SEZ Holder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pin Code		Email Address	
Mobile No.		Landline No:	

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Aadhar No.				PAN No:							
Financer's Details		Hire Purchase <input type="checkbox"/> Hypothecation <input type="checkbox"/> Lease <input type="checkbox"/>									
Name and Address of Financer											
Type of Policy Required		<input type="checkbox"/> Package <input type="checkbox"/> Package (Fire and Theft) <input type="checkbox"/> Package (Fire only) <input type="checkbox"/> Package (Theft only)									
Period of Insurance		From: --/-- Hrs. on dd/mm/yyyy					To: Midnight of dd/mm/yyyy				
Details of Vehicle:											
Whether the vehicle is New or Second Hand at the time of Purchase: New <input type="checkbox"/> Second Hand <input type="checkbox"/>											
Body Type: _____											
REGN. No	Engine No	Chassis No	Year of Manufacture	Make	Model	Date of Registration /Date of Purchase	Cubic Capacity	Seating Capacity Including driver & Side Car	Fuel Type		
Registering Authority - Name and location:											
Insured Declared Value								Amount (₹)			
Insured Declared Value of Vehicle											
Side Car Value (Applicable for Two-Wheeler only)											
Non-Electrical Accessories (other Than manufacturer fitted)											
Sr. No.	Items Description					IDV					
1											
2											
3											
Total											

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Electrical/Electronic Accessories (Other than manufacturer fitted)						
Sr. No.	Items Description	Make	Model	Year	IDV	
1.						
2.						
3.						
Total						
External CNG/LPG kit (Not Provided by manufacturer)						
Total IDV						
<p>Note: The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this policy and it will be fixed at the commencement of each policy period for the insured vehicle. The IDV of the vehicle is to be fixed on the basis of manufacturers 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.</p>						
AGE OF 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 year but not exceeding 3 years		30%				
Exceeding 3 year but not exceeding 4 years		40%				
Exceeding 4 year but not exceeding 5 years		50%				
<p>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.</p>						
PREVIOUS INSURER DETAILS						
Previous Policy No	Type of Policy Package /TP	Name of Insurer & Servicing Branch Code or Address	NCB in last year Policy	Policy Expiry Date	Did you claim Last year? Yes/No. If yes, please provide claim amount.	NCB % Eligible (provide proof or declaration at the end of the proposal form)

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Claim Lodged in past 3 years	Year 1	Year 2	Year 3
No. of claims			
Amount			
Has any Insurance Company Ever Declined/Cancelled/Refused Renewal/Imposed special condition or excess – Yes/No If Yes, reason and details thereof:			
OTHER INFORMATION (Tick on relevant option and provide details wherever applicable)			
Average Yearly Usage (in KM's)	_____		
Current Odometer Rating	_____		
City where vehicle will be driven			
Are you an existing customer of DHFL General Insurance?	Yes/No Please provide Policy No: _____or Customer ID		
Is any other Private car/two-Wheeler belonging to your family insured with us?	Yes/No Provide Policy Number: _____ (Family means Father, Mother, Self, Spouse, Children)		
Do you wish to share your Credit Score with us?	Yes/No Score_____		
Is your vehicle fitted with Telematics Device?	Yes/No – If yes are you willing to share device data if required by company? (Yes/No)		
Do you wish to provide photograph of your vehicle?	Yes/No		
If yes, please provide/upload minimum four photographs of all 4 sides of the vehicle taken on the date of proposal through our mobile application.			

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<p>Voluntary Excess: Do you wish to opt for Voluntary Excess over and above the Compulsory Deductible mentioned below:</p> <p>Two Wheelers – Rs.100</p> <p>Private Car:</p> <p>Not Exceeding 1500 CC – Rs.1000</p> <p>Exceeding 1500 CC – Rs.2000</p>	<p>Yes/No – If yes, please specify the amount</p> <p>For Two Wheelers: Rs500/750/1000/1500/3000</p> <p>For Private Cars: Rs2500/5000/7500/15000</p>
ANY OTHER RELVANT INFORMATION	
<p>Is any of these applicable:</p> <ol style="list-style-type: none"> Vehicle being run by non-conventional source Vehicle will be used for driving tuitions Whether vehicle is certified as Vintage car by Vintage and Classic Car Club of India. Vehicle is Specially designed for use of blind / Handicapped/ Mentally Challenged Person and duly endorsed in Registration Certificate Use of vehicle limited to own premises? Whether the vehicle is fitted with Fibre Glass Tank Is the vehicle fitted with Anti- Theft device approved by ARAI? Imported Vehicle without Custom Duty Loss of accessories by Burglary, House breaking and theft (Applicable only for Two- Wheeler) Are you member of Auto/mobile Association of India? 	<p>Yes/No If yes, please specify details (RC copy will be needed as proof)</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No, If yes Please state: 1. Name of Association: _____ 2. Membership No. _____ 2. Date of Expiry _____</p>

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Do you wish to restrict TPPD cover to Statutory limit of Rs.6000/- only? (Two-Wheeler Policy Limit - Rs1 lakh Private Car Policy Limit - Rs7.5 lakh)	Yes / No			
Geographical Area extension: (Please select countries you wish to cover)	Bangladesh, Nepal, Bhutan, Pakistan, Maldives, Sri Lanka			
Details of Driver Owner Driver <input type="checkbox"/> Others <input type="checkbox"/> If Others, please specify relation to insured:	Self/Father/Mother/Brother/ Sister/Son/Daughter/Others _____	Driving Experience _____	Age _____	
Any Physical infirmity/defective vision or Hearing? If yes provide details:				
Provide details of any Accident or Impending Prosecution.	Drivers Name	Date of Accident	Circumstances of Accident	Loss/Cost Rs.
ADDITIONAL COVERS REQUIRED				
Do you wish to cover your legal liability towards? Yes/No.				
Paid Driver	Yes / No			
Unnamed Employees (IMT 29)	No. of Employees:			
Unnamed Workmen (In addition to WC liability)	No. of Workmen:			
Soldier/Sailor/Airman employed as driver in private capacity (Only for Private Car)				
PA cover to Unnamed Passengers/Pillion rider Private Cars - Max 2 lakh per person Two-Wheeler - Max Rs. 1 lakh per person (In multiples of Rs. 10,000 for Seating capacity as per RC including driver)	Yes / No CSI: (Per Person)			

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PA cover to Paid Driver/Cleaner/Conductor	Yes / No No of Persons CSI:				
Do you wish to include Personal Accident cover for named persons? If YES, give name and Sum Insured opted for:					
Name	CSI opted (Rs.)	Nominee	Relationship	Name of the Appointee	Relationship with Nominee
1)					
2)					

COMPULSORY PERSONAL ACCIDENT COVER FOR OWNER DRIVER

Personal Accident Cover for Owner Driver is compulsory. Please give details of nomination:

- (a) **Name of the Nominee & Age** :
- (b) **Relationship** :
- (c) **Name of the Appointee**
(If Nominee is a Minor) :
- (d) **Relationship to the Nominee** :

Note:

- Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.15,00,000/-
- 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.

ADD ON COVER - (Two-Wheeler & Private Car)			
1	Zero Dep Cover	<input type="checkbox"/>	No of Claims..... Without Deductible <input type="checkbox"/> With Deductible <input type="checkbox"/> Deductible Amount Private Car - Upto Rs5000 in multiples of Rs1000 Two Wheeler-Upto Rs1000 in multiples of Rs250
2	New Vehicle for Old Vehicle (Two Wheeler) New Car for Old Car (Private Car)	<input type="checkbox"/>	
3	NCB (No claim Bonus) Secure	<input type="checkbox"/>	
4	Engine Protector	<input type="checkbox"/>	Without Deductible <input type="checkbox"/> With Deductible <input type="checkbox"/> Deductible: 10% of claim amount (Deductible Option only available for Private Car)
5	Consumable Expenses	<input type="checkbox"/>	
6	Road Side Assistance (For Two Wheeler Only)	<input type="checkbox"/>	

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7	Hospi Cash (Two Wheeler) Rs500/1000/2000 per day	<input type="checkbox"/>	Daily Cash Amount.....
8	Hospi Cash (Private Car) Rs1000/2000/3000 per day	<input type="checkbox"/>	Daily Cash Amount
9	Accidental Hospitalisation (Two-wheeler) Rs 50,000/1,00,000/2,00,000/3,00,000/4,00,000/ 5,00,000)	<input type="checkbox"/>	Sum Insured.....
10	Accidental Hospitalisation- (Private Car) Rs 50,000/1,00,000/2,00,000/3,00,000/4,00,000/ 5,00,000)	<input type="checkbox"/>	Sum Insured.....
11	Enhanced Owner Personal Accident (Multiples of Rs100,000 upto Rs20,00,000)	<input type="checkbox"/>	CSI Amount.....
12	Enhanced Pillion Rider Personal Accident (Two-Wheeler) (Multiples of Rs100,000 upto Rs20,00,000)	<input type="checkbox"/>	CSI Amount.....
13	Enhanced Occupants Personal Accident (Private Car) (Multiples of Rs100,000 upto Rs20,00,000)	<input type="checkbox"/>	CSI Amount.....
14	EMI Protector	<input type="checkbox"/>	
15	Outstanding Loan Protector	<input type="checkbox"/>	
ADD ON COVER - (PRIVATE CAR ONLY)			
16	Daily Conveyance Allowance: Limits per day: Compact -1000/Mid-Size/Executive -1500/MPV- SUV - 2000/Premium Cars - 3000)	<input type="checkbox"/>	Limit per day.....
17	Tyre Replacement: Tyre Make: 1 _____ 2. _ _____ Supplied with Car <input type="checkbox"/> or Year of Purchase.....	<input type="checkbox"/>	1. With Depreciation <input type="checkbox"/> 2. Full Replacement Basis <input type="checkbox"/>
18	Key and Lock Replacement (Upto 1 lakh)	<input type="checkbox"/>	Sum Insured
19	NCB Protector- Repair of Non-Metallic Parts	<input type="checkbox"/>	
20	Depreciation Cover - Specified Limit	<input type="checkbox"/>	Rs10,000 <input type="checkbox"/> Rs15,000 <input type="checkbox"/> Rs25,000 <input type="checkbox"/>
21	Personal Belonging protector (In Multiples of Rs. 10,000 up to Rs. 50,000)	<input type="checkbox"/>	Sum Insured
PREMIUM PAYMENT AND BANK DETAILS			

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Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099
 Phone: 022 - 4001 8100/8200
 IRDAI Reg No.: 155
 PRODUCT UIN: IRDAN155RP0001V01201819

COCORide Two-Wheeler Package Policy Add on Covers - DHFL General Insurance (Proposal Form)
 CIN: U66000MH2016PLC283275
 GSTIN: 27AAFCD7985H124

Web: www.dhflinsurance.com
 Email: mycare@dhflinsurance.com

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)				
Account Holder Name	: _____			
Instrument Number	: _____	Instrument Date	: _____	
Instrument Amount	: _____	Bank Name	: _____	
Credit/Debit Card No.	: _____	Expiry Date	: _____	
Fund Transfer/Wallet	: <i>Name of Bank/Wallet</i>	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 <input type="checkbox"/>	Current Account <input type="checkbox"/>	Other's <input type="checkbox"/> _____	
ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER				
(Email Id is mandatory)				
Do you have an EIA	: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, do you wish to apply for EIA	: <input type="checkbox"/> Yes <input type="checkbox"/> 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 vehicle 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 agree to receive "Certificate of Insurance and Policy Schedule" only and shall access the policy terms, conditions and exclusions on the company's website.
- h) 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.

Declaration for No Claim Bonus (if NCB claimed but confirmation from previous insurer not submitted).

I/We 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, all benefits under the Policy in respect of Section I of the Policy will stand forfeited.

Place:

Date:

Signature of Proposer

INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)

Branch Office _____	Intermediary Code _____
Branch Code _____	Intermediary Name _____
Business Sector Urban/Rural/Social _____	Point of Sale Person Contact _____
Intermediary contact Number _____	Point of Sale Person Name _____

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Number _____

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Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099
Phone: 022 - 4001 8100/8200
IRDAI Reg No.: 155
PRODUCT UIN: IRDAN155RP0001V01201819

COCORide Two-Wheeler Package Policy Add on Covers - DHFL General Insurance (Proposal Form)
CIN: U66000MH2016PLC283275
GSTIN: 27AAFCD7985H1Z4

Web: www.dhflinsurance.com
Email: mycare@dhflinsurance.com

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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