

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"/> Defence/ 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 <input type="checkbox"/> 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: | |

DHFL General Insurance Limited
(A Wholly Owned Subsidiary Of WGC)

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 COCODrive Private Car Policy- DHFL General Insurance-Bundled (Proposal Form) IRDAI Reg No.: 155
 CIN: U66000MH2016PLC283275 Web: www.dhflinsurance.com Product UIN: IRDAN155RP0051V01201819
 Email: mycare@dhflinsurance.com

| | | | | | | | | | |
|--|--|----------------------------|----------------------------|-------------|--------------|---|-----------------------|---|------------------|
| 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 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 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> <table border="1" data-bbox="272 1066 1269 1375"> <thead> <tr> <th>AGE OF VEHICLE</th> <th>% OF DEPRECIATION FOR FIXING IDV</th> </tr> </thead> <tbody> <tr> <td>Not exceeding 6 months</td> <td>5%</td> </tr> <tr> <td>Exceeding 6 months but not exceeding 1 year</td> <td>15%</td> </tr> <tr> <td>Exceeding 1 year but not exceeding 2 years</td> <td>20%</td> </tr> <tr> <td>Exceeding 2 year but not exceeding 3 years</td> <td>30%</td> </tr> <tr> <td>Exceeding 3 year but not exceeding 4 years</td> <td>40%</td> </tr> <tr> <td>Exceeding 4 year but not exceeding 5 years</td> <td>50%</td> </tr> </tbody> </table> <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> | | | | | | 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% |
| 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% | | | | | | | | | | | | | | | | | | |
| PREVIOUS INSURER DETAILS | | | | | | | | | | | | | | | | | | | |

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| 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) |
|--|----------------------------|--|---|--------------------|---|---|
| | | | | | | |
| 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: | | | | | | |
| <u>OTHER INFORMATION</u> (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) | | | |

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| | |
|--|--|
| <p>Do you wish to provide photograph of your vehicle? 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.</p> | <p>Yes/No</p> |
| <p>Voluntary Excess: Do you wish to opt for Voluntary Excess over and above the Compulsory Deductible mentioned below: Two Wheelers – Rs.100 Private Car---- Not Exceeding 1500 CC – Rs.1000 Exceeding 1500 CC – Rs.2000</p> | <p>Yes/No – If yes, please specify the amount For Two Wheelers: Rs500/750/1000/1500/3000 For Private Cars: Rs2500/5000/7500/15000</p> |
| <p>ANY OTHER RELVANT INFORMATION</p> | |
| <p>Is any of these applicable:</p> <ol style="list-style-type: none"> 1. Vehicle being run by non-conventional source 2. Vehicle will be used for driving tuitions 3. Whether vehicle is certified as Vintage car by Vintage and Classic Car Club of India. 4. Vehicle is Specially designed for use of blind / Handicapped / Mentally Challenged Person and duly endorsed in Registration Certificate 5. Use of vehicle limited to own premises? 6. Whether the vehicle is fitted with Fibre Glass Tank 7. Is the vehicle fitted with Anti-Theft device approved by ARAI? 8. Imported Vehicle without Custom Duty 9. Loss of accessories by Burglary, House breaking and theft (Applicable only for Two-Wheeler) 10. Are you member of Auto/mobile Association of India? | <p>Yes/No If yes, please specify details (RC copy will be needed as proof) Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No, If yes Please state : 1. Name of Association: _____ 2. Membership No. _____ 2. Date of Expiry _____</p> |
| <p>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)</p> | <p>Yes / No</p> |
| <p>Geographical Area extension: (Please select countries you wish to cover)</p> | <p>Bangladesh, Nepal, Bhutan, Pakistan, Maldives, Sri Lanka</p> |

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| | | | | | |
|---|---|------------------|--------------------------------|------------------------------|----------------------------------|
| 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 <hr/> (Please fill in the details) | | Driving Experience <hr/> | Age <hr/> | |
| | 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. | |
| | | | | | |
| <u>Additional Covers Required</u> | | | | | |
| 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) | | | | |
| 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) | | | | | |

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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:

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

PREMIUM PAYMENT AND BANK DETAILS

Payment Option: Cheque Demand Draft Fund Transfer Pay Order
Debit Card Credit Card

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 : *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) _____

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| 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) This application and declaration shall be promissory and shall be the basis of contract between me/us and the Company.
 b) I/We have read and understood the coverages, the terms and conditions and accept the Company’s policy of insurance along with said conditions.
 c) If any of the statements made herein are found to be false or incorrect, the benefits under this policy would stand forfeited. .
 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.

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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 _____ |
| Point of Sale Person Name _____ | Point of Sale Person 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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