

Asset Service Provider Liability 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.
- All fields marked as * are mandatory.

| INSURED DETAILS* | | | |
|--------------------------------|--------|----------------|-----------|
| Name of the Proposer: | | | |
| Communication Address: | | | |
| Mobile No. | | Email Address: | |
| Business Description: | | | |
| Annual Turnover Details | | | |
| 1 Year | 2 Year | 3 Year | Projected |
| | | | |

| PRODUCT DETAILS* | Product 1 | Product 2 | Product 3 | Product 4 |
|----------------------------------------------------------------------|------------------|------------------|------------------|------------------|
| Product Category | | | | |
| Make | | | | |
| Model | | | | |
| Brand New/ Refurbished/ Used | | | | |
| Sum Insured in (₹) | | | | |
| Manufacturer's Warranty Period | | | | |
| Extended Warranty (After expiry of Manufacturer's Warranty) | | | | |
| Total Sum Insured | In (₹) __ | | | |

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| COVERAGES DETAILS* (Put a tick mark to select) | | |
|------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|
| Do you want to Delete any Cover? | | |
| 1. Screen Damage (For items with Digital Screen) | 2. Liquid Damage | 3. Accidental Damage |
| 4. Fire & Act of God Perils | 5. Burglary & Theft | 6. Extended Warranty (After expiry of Manufacturer's Warranty) |
| Period of Insurance: | From: --/-- Hrs. on dd/mm/yyyy | To: Midnight of dd/mm/yyyy |
| Service Contract Period (from date of purchase) | _____ (Months/Year) | |
| Do You wish to cover the following Exclusions? | | |
| 1. Riot/Strike/Malicious Act | 4. Loss or Damage to Battery | |
| 3. Unoccupancy extension > 30 days. | 5. Electrical/Mechanical/Electronic Breakdown | |
| 3. Misplacement | | |
| Do You wish to opt for the following? | | |
| 1) Reinstatement of Sum Insured | Yes | |
| 2) Waiver of Condition of Average | Yes | |
| 3) Depreciation | Yes _____ % Opted | No |
| 4) Deductible | Yes _____ % Opted | No |
| 5) Basis of Sum Insured | Replacement Value/ Agreed Value/ Market Value | |
| 6) Do You wish to opt for payment of Technician visit charges in case of claim? | Yes | No |

| PREVIOUS INSURER DETAILS* | | | | | | |
|----------------------------------|---------------|-----------------|---------------|------------------|---------------|------------------|
| Product Name | Policy Number | Name of Insurer | Policy Period | Premium Paid (₹) | No. of claims | Claim Amount (₹) |
| | | | | | | |
| | | | | | | |

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| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--------------------------|----------------------------------------------------------------|--------------------------|---------------|--------------------------|-----------|--------------------------|
| 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: | | | | | | | | | |
| OTHER RELEVANT INFORMATION* | | | | | | | | | |
| Is the cover Mandatory or Optional? | | | | | | | | | |
| Who will carry out the repairs? | | | | Owned <input type="checkbox"/> Others <input type="checkbox"/> | | | | | |
| Who will manage the repair Network? | | | | If Others, Name_ _____ | | | | | |
| Will the repairer offer us preferential rates? | | | | | | | | | |
| Is the repairer network fully resourced to work within the territorial limit of the insurance offered? Who will audit repair network? | | | | | | | | | |
| What is the minimum, maximum and average cost of parts for various product? | | | | | | | | | |
| What is the minimum, maximum and average labour rates for various product? | | | | | | | | | |
| What has been the rate of inflation over the last 3 years? | | | | | | | | | |
| Any discount on replacement of product? Will | | | | | | | | | |
| there be any marketing campaign? | | | | | | | | | |
| Is there a direct mail or telesales element? | | | | | | | | | |
| Any other relevant information | | | | | | | | | |
| 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): | | | | | | | | | |
| 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: | | | | | | | | | |

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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"/> | |
| | Others (Please Specify) <input type="checkbox"/> | | |

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 Product 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:

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

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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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