



Application No: - \_\_\_\_\_

**PROPOSAL FORM**

**(COCORide Long Term Two-Wheeler Package Policy Add on Covers- DHFL General Insurance)**

**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

DETAILS OF PROPOSER			
Proposer's Name			
Date of Birth	dd/mm/yyyy	Age	
Gender		Marital Status	
Education Qualification		Occupation/Profession	
Address for Correspondence (This address will be taken for GST computation)			
GSTN		SEZ Holder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pin Code		City where Vehicle will be driven	
Current Odometer Reading		Average yearly usage in KM's	
Mobile No.		Landline No.	
E-mail Address			
Aadhar No.		PAN No:	

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Financer's Details		Hire Purchase <input type="checkbox"/> Hypothecation <input type="checkbox"/> Lease <input type="checkbox"/>							
Name and Address									
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)							
Whether the vehicle is New or Used at the time of Purchase: New <input type="checkbox"/> Used <input type="checkbox"/>									
Body Type: Solo <input type="checkbox"/>									
Period of Insurance		From: --/-- Hrs. on dd/mm/yyyy				To: midnight of dd/mm/yyyy			
REGN.No	Engine No	Chassis No.	Year of Manufacture	Make	Model	Date of Registration	Cubic Capacity	Seating Capacity Including driver	Fuel Type
Registering Authority - Name and location:									
INSURED DECLARED VALUE							Amount (₹)		
Year	Vehicle IDV	Side Car Value	Non-Electrical Accessories	Electrical/Electronic Accessories	External CNG/LPG kit	Total IDV			
DESCRIPTION OF ACCESSORIES									
Non-Electrical Accessories (other Than factory fitted)									
Sr. No.		Items Description			Year of Purchase		IDV		

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**Electrical/Electronic Accessories (Other than factory fitted) Details -**

Sr. No.	Items Description	Make	Model	Year	IDV

**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 is fixed separately for each year of insurance during the policy period for 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.

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%

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.

**PREVIOUS INSURER DETAILS**

Previous Policy No*	Type of Policy Package /TP	Name of Insurer & Servicing Branch code/Address	NCB in last year Policy	Policy Expiry Date	Did you claim Last year? * Yes/No. If yes Amount	NCB % Eligible (provide proof)

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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)			
<b><u>OTHER INFORMATION</u></b> <b><u>(Tick on relevant option and provide details wherever applicable)</u></b>			
Voluntary Excess: Do you wish to opt for Voluntary Excess over and above the Compulsory Deductible of Rs100/-?	Yes/No – If yes, please specify the amount Rs500/750/1000/1500/3000		
Are you a member of Automobile Association of India?	Yes/No If yes, please State: 1. Name of Association 2. Membership No:                      Date of Expiry:		
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 (Family means Father, Mother, Self, Spouse, Children)		
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.	Yes/No		

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<p><b>Is any of these applicable:</b></p> <ol style="list-style-type: none"> <li>Vehicle being run by non-conventional source</li> <li>Vehicle will be used for driving tuitions</li> <li>Vehicle is Specially designed for use of Blind / Handicapped / Mentally Challenged Person and duly endorsed in Registration Certificate</li> <li>Use of vehicle limited to own premises</li> <li>Whether the vehicle is fitted with Fibre Glass Tank</li> <li>Is the vehicle fitted with Anti-Theft device approved by ARAI?</li> <li>Imported Vehicle without Custom Duty</li> <li>Loss of accessories by Burglary, House breaking and theft</li> <li>Additional Towing Charges</li> </ol>	<p>Yes/No If yes, please specify the details (RC copy will be needed as proof)</p> <p>Yes/No 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 Specify Amount _____</p>
<p>Do you wish to restrict TPPD cover to Statutory limit of Rs.6000/-only?</p> <p>(Policy Limit - Rs1LAC)</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>
<p><b><u>ADDITIONAL COVERS REQUIRED</u></b></p>	
<p>Do you wish to cover your legal liability towards?</p>	
<p>Paid Driver</p>	<p>Yes /No</p>
<p>Unnamed Employees (IMT 29)</p>	<p>State No. of Employees</p>
<p>PA cover to Unnamed Pillion rider Max Rs. 1 lakh. (In multiples of Rs. 10,000)</p>	<p>Yes / No CSI:</p>
<p>PA cover to Paid Driver/Cleaner/Conductor Max Rs. 1 lakh per person (in Multiples of Rs 10,000)</p>	<p>Yes / No No of Persons CSI</p>

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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

**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.1,00,000/-.
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)

**Add on Covers**

(Tick boxes which are opted and provide information wherever required)

**VEHICLE RELATED**

1	Zero Dep Cover	<input type="checkbox"/>	No of Claims..... With Deductible <input type="checkbox"/> With Deductible <input type="checkbox"/> Amount ..... (Deductible Upto Rs1000 in multiple of Rs250)
2	New Vehicle for Old Vehicle	<input type="checkbox"/>	
3	Engine Protector	<input type="checkbox"/>	
4	Consumable Expenses	<input type="checkbox"/>	
5	Road Side Assistance	<input type="checkbox"/>	

**INJURY RELATED COVERS**

6	Hospi Cash 500/1000/2000 per day	<input type="checkbox"/>	Per Day Cash limit.....
7	Accidental Hospitalisation 50,000/1,00,000/2,00,000/3,00,000/4,00,000/5,00,000	<input type="checkbox"/>	Sum Insured.....
8	Enhanced Owner Personal Accident	<input type="checkbox"/>	CSI Amount.....

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Registered & Corporate Office: 2nd Floor, DHFL House, 19, Sahar Road, Off Western Express Highway, Vile Parle (East), Mumbai - 400 099

Phone: 022 – 71155900 COCORide Long Term Two-Wheeler Package Policy Add on Covers- DHFL General Insurance (Proposal Form)

IRDAI Reg No.: 155

CIN: U66000MH2016PLC283275

Web: www.dhflinsurance.com

PRODUCT UIN: IRDAN155RP0003V01201819

Email:mycare@dhflinsurance.com



	(Multiples of 100,000 upto 20,00,000)		
9	Enhanced Pillion Rider Personal Accident (Multiples of 100,000 upto 20,00,000)	<input type="checkbox"/>	CSI Amount.....
10	EMI Protector	<input type="checkbox"/>	
11	Outstanding Loan Protector	<input type="checkbox"/>	

**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)            \_\_\_\_\_

**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

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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.
- 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**

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<b>INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)</b>	
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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