Application No\_\_\_\_\_



### **OBJECT INSURANCE**

### **GROUP PROPOSAL FORM**

These are the minimum requirements to be furnished by a You. We may seek any other information as desired for underwriting purposes			
1. Please fill the form in	BLOCK LETTERS.		
2. Please answer all the	questions fully and correctly. If a particular question	is not applicable to you please mark that question as not applicable "N/A".	
Our liability does not co	nmence until the acceptance of the proposal has be	en formally intimated to the insured and full premium has been realized by You	
	Policy Issuing Office Address & Code		
	Intermediary/Agent Name (if any)		
	Intermediary/Agent Code (if any)		
		Phone no	
	Intermediary/Agent Contact Number/Email	Email ID-	
I. Applicant Details	ID		
Name of Policyholder:			
Present Address of Prop	oser:		

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Address Proof (Document & Number):				
Is your present address same as your permanent address? - Yes/No				
If no, please state your permanent address along with pin code:				
Identity Proof (document & number):				
Occupation: Salaried / Professional / Self Employed / Student / Housewife / Retired / Other (Please specify)				
Industry Type: Jewelry/ import-export/mining / shipping / scrap dealing/real estate / agriculture / stock broking / BFSI / manufacturing / Others - (Please specify)				
Income (Annual): 0-2.5 lakh/ 2.5 - 5 lakh/ 5 - 20 lakh/ 20-30 lakh/ 30 lakh and above				
Income Proof:				
Existing KYC Number, if any-				
Nature of Business:				
Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions:				
Group Type: Employer- Employee □ Non employer-employee □				
Contact No.				
Permanent Account number (PAN No.) (Entity):				

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Email ID:						
GST No.						
Nomination: Yes/No						
If yes, please provide the	below details:					
Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

## **II. Coverage Details**

- 1. Period of Insurance: FROM \_ \_//\_ hrs. on mm/dd/yyyy TO \_ \_//\_ hrs. on mm/dd/yyyy
- 2. Cover Period:

Cover Name	Period (days/months/years)
Screen Damage	
Liquid Damage	
Accidental Damage	
Fire, AOG or RSMD	
Theft, Burglary or Robbery	
Extended Warranty	
a. Manufacturing Warranty Period	a.
b. Extended Warranty Period	b.



3.	Policy '	Type : 🗆	Single	Object	■ Mult	iple Ol	ojects

- **4.** If Multiple Objects : Cover Type: □ Floater □ Non Floater
- **5.** Total/Estimated number of Members:
- **6.** Total/Estimated number of Objects to be insured per member:
- **7.** Total/Estimated number of Objects:
- **8.** Type of Cover : □ Compulsory □ Voluntary
- **9.** Will Insured Objects(s) be used for commercial, rental or profit generation purposes?  $\square$  Yes  $\square$  No

#### 10. Terms that are useful to know:

- Sum Insured Basis Meaning:/
  - Invoice Value means the original amount paid by You towards the purchase of the Insured Object
  - Market Value/ Replacement Value replacement value of the Insured Object by new less deduction for any advancement, wear and tear and/or depreciation
  - Agreed Value/First Loss Basis means the value agreed between You and Us
- Sum Insured Basis selection based on object ownership:
  - New Objects: Invoice Value
  - Old, Rented & Refurbished Objects: Market Value or Agreed Value
  - Precious Objects: Agreed value
- Object Classification:
  - Portable Object means all electronic and non-electronic objects that are portable. For e.g. Mobile, Laptop, Tablet, Handbag, Spectacles, Fitness Watches etc.
  - Non-Portable Object means all electronic and non-electronic objects that are non-portable. For e.g. Refrigerator, Washing Machine, TV, Furniture etc.
  - Precious Object means valuable objects. For e.g. Precious Jewelry, Antiques, Paintings etc.
  - Wheeled Object means objects with wheels not covered under Motor Vehicle Act. For e.g. Pedal Cycle, Battery Operated Cycle/ Scooter etc.
- Please refer below as reference for Object Type (this is only an indicative list)

I. Portable Objects	II. Non-Portable Objects	III. Precious Objects	IV. Wheeled Objects
All portable items , both electronic and non- electronic	All non-portable items , both electronic and non-electronic	Any other precious object not included in 1 and 2	Objects with wheels not covered under Motor Tariff and are used to move an individual from one place to another

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Mobiles, Tablets, Reading Tablets, Laptops , Palmtops etc.	White Goods Like Refrigerator, Washing Machine	Precious Jewellery	Golf Cart
Bagpacks, Luggage Bags, Handbags, Shoes, Designer Clothes	Kitchen Appliances like Chimney , Water Purifier etc.	Precious Gemstones	Pedal Cycle
Musical Instruments , Gym/Sports Equipment	Desktop/Television	Antiques	Kids Cycle
Fitness Watches / Wearables	Electronic Stationary - printers, scanners, photo copiers etc.	Paintings	Battery Operated Cycle/Scooter (Electric vehicle)
Hearing Aids	Furniture	Luxury Watches	Dune Buggy/ATV
CCTV Camera, DSLR Camera, SLR Camera,	Car Brand Logo	Precious metal dinnerware	Roller-skates
Helmets/Motor Accessories/ Electronic Car Keys	Air Purifier	Furs	Wheelchair /Baby Stroller
Spectacles	Inverter	Precious metal Trophies	Lawnmower

## 11. For, Single Object/ Non-Floater Policy/Floater Policy:

a.	Please enter details of Object(s) to be Insured and coverages required:
	For Floater Policy, Sum Insured limit per member (on first loss basis)



Sr. No.	Object Classificatio n	Object Type (Mobile, Laptop, TV, Refrigerator, Other Applicances)	Make/ Brand	Model	Ownership type	Estimated Volume/No. of Object(s)	Coverage Required (write cover serial number in column below) 1. Screen Damage 2. Liquid Damage 3. Accidental Damage 4. Fire, AOG & RSMD# 5. Theft, Burglary or Robbery 6. Extended Warranty	Sum Insured Basis	Total Sum Insured	Deductible (as a % of claim maximum upto 75% or absolute amount	Depreci ation (as a % of claim maximu m upto 75%)
	Portable				New						
	Objects				Old						
					Refurbished						
					Rented						
	Non				New						
	Portable				Old						
	Objects				Refurbished						
	5 .				Rented						
	Precious				New						
	Objects				Old		_				
					Refurbished		_				
					Rented						<u> </u>



г г,			T.,			1	T	Г	Г
	Wheeled		New						ĺ
(	Objects		Old						ĺ
			Refurbished						
			Rented						
		ter Policy, Maximum payable amount of God  RSMD – Riot, Strike or Malicio		l not exceed 20% o	f the Sum Insured und	ler the respe	ctive object cla	ssification	
12	. Please sele	ct from below list of Optional Covers	(applicable at Policy	level):					
	□ A.	EMI Protect: No. of EMI's EMI Pe	r month		E. Transit Cover (o	nly within Ind	dia)		

(EMI cover is applicable only for Object(s) to be Insured)	(This cover is not applicable for Portable Objects, Precious Objects and Wheeled Objects)
☐ B. Terrorism Cover	<ul> <li>F. Return to Invoice Cover</li> <li>(This cover is not applicable for Precious Objects. Insured Object's Invoice will have to be provided at the time of claim settlement)</li> </ul>
☐ C. Worldwide Coverage	☐ G. Reinstatement of Sum Insured
☐ D. Lease or Rental Cost: 0 to 25% of Base Sum Insured (This cover is not applicable for Precious Objects)	☐ H. Do you wish to restrict number of claims per year? <u>1 to 2</u>

## 13. Please tick if you wish to opt for waiver of exclusion:

A. Pair & Set Clause	E. Condition of Average
(This cover is not applicable for Wheeled Objects)	(This cover is not applicable for Objects insured on Agreed Value Basis)
B. Misplacement	F. Object held in trust
	(This cover is not applicable for Precious Objects)
C. Electrical, Mechanical and Electronic Breakdown	G. Battery and Consumables

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(This cover is not applicable for Precious Objects)	(This cover is not applicable for Precious Objects)
☐ D. Accessories Cover (Provided with Insured Object by OEM):	☐ Faulty workmanship cover with technical support
Name of Accessories:	
(This cover is not applicable for Precious Objects)	

### **III. Risk Details**

a) Please provide below details

Sr.	Mak	Object	Geography	Wheele	Type of	Solid	Liquid	Occupanc	Security/	No. of	Occupat	Insur		Past
No	e	Type		d Object	Wheele	Protectio	Protectio	У	Local	security	ion	ed	Credit	Claims
			a. Delhi	_	d	n Code	n Code		Neighborhoo	devices in		Age	Score	Ratio,
		a. Mobile	NCR & UP		Object	(for	(for	a. Not	d watch	house	a.			if
				a.		electroni	electronic	occupied		(Applicabl	Salaried	a. 0-	a. 300-	applic
		b. Laptop	b. Gujarat	Battery	a. Golf	c objects	objects	during the	a. Security	e only for	b.	18	549	able
				Operate	Cart	only)	only)	day	Guard Not	Theft,	Student		b. 550-	
		c. TV	c.	d					Available	Burglary	c. Self	b. 19-	649	
			Maharashtr		b. Cycle	a.0	a.0-2	b.		or	Employ	25	c. 650-	
		d.	a	b. Non-		b.1	b.3-4	Occupied	b. Security	Robbery)	ed		749	
		Refrigerato		Battery	c. Golf	c.2	c.5-6	during the	Guard			c. 26-	d.	
		r	d. Others	Operate	Cart	d.3	d.7	day	Available	a.0		40	>=750	
				d		e.4	e.8			b.1-3				
		e. Others			d.	f.5				c.4-6		d.		
					Others	g.6				d.>6		>40		

b) Please provide Previous Policy details (if any), of the Object(s) to be insured and claim history for last 3 years:



Year	Name of the Insurer	Policy Number	Object Type (Mobile, AC, Pedal Cycle, Furniture, Watches, Necklace etc.)	Premium Details	Description of Loss/Damage	Total Claim Amount Total/Outstanding (Rs.)

## **IV. Payment Details**



PAYMENT DETAILS:	
Amount (INR)	
GST (INR)	
Premium including tax (INR)	
Rupees in words	
Cheque NEFT	
Instrument No Instrument Date:	
Bank Account No	
Account Type: Savings / Current / Other. If others, please specify	
Branch Name & Address:	
Branch Name & Address: MICR Code MICR Code	
Bank details for refund of premium in case of cancellation to be considered as above	
·	
Yes/No	
If NO, please provide additional bank details in below provided space:	
Bank Account No	
Account Type: Savings / Current / Other. If others, please specify	
Branch Name & Address: MICR Code MICR Code	
IFSC Code MICR Code	
Are you a Political Exposed Person or related to Political Exposed Person: Yes/No (appropriate tick) If Yes, give details	
Type of Organization	
Corporation: Governments: Society:	
Private Organizations: International Organization:	
Partnership: Trust: Others:	
Sources of Fund:	
Salary	
Business	
Other	



#### NOTE:

- 1. Please provide a cancelled copy of cheque of your bank account.
- 2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care.

### Declaration, Consent& Warranty by Insured/Proposer/ Representative (in case the proposer is disabled)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- 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.



- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.
- that I/We will abide by the provisions of IRDAI Guidelines on Group Insurance Policies dated July 14, 2005 and subsequent amendment made to it and/ or any other regulations/ guidelines issued by the IRDAI for Group Insurance Policies

Name:
Signature: Date:

#### VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator	
Place	Signature of the Translator

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Date	
Name of the Proposer	
Place	
Date	Signature of the Proposer

#### **DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY**

#### FRAUD WARNING:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

#### ANTI REBATING WARNING:

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 the 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 published prospectus or tables of the insurer. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

### DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION):

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

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#### **ANTI- MONEY LAUNDERING:**

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

#### SHARING OF INFORMATION CLAUSE:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment

#### Insurance is the subject matter of the solicitation

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you without interest within next 7 days.



Place:	_Date:	Time:	
Signature Intermediary:		-	
		Acknowledgement Customer Copy	
Received from Mr. / Ms. / Mrs.		Cheque No:	
Dated	Drawn on	Bank for a sum of ₹	_
towards payment of premium or	n behalf of HDFC ERGO Gene	eral Insurance Company Ltd.	
Date Signature & seal			
			ges us to agree to issue a policy, which decision is and always terms and conditions and we shall have no liability to make

#### **INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES**

any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from

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 the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

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Please provide below member level details:

a) Member Wise Details:

S. No	Unique Member ID	Name	Age	Gender (M/F/TG)	Relationship with the Applicant	Nominee Name, Address and Relationship	Appointee Name, Address and Relationship, if Nominee is minor
1							
2							
3							

b) Object Wise Details at Member Level



Sr. No.	Object Classifi cation	Object Type (Mobile, Laptop, TV, Refrigerator , Other	Make / Brand	Model	Ownership type (New, Old, Refurbished,R ented)	Year of Manufacture or Year of Purchase / Age	Invoice No./Unique Identification No. (Frame No./ Chassis	Weight for precious items & Name of Artist/Art	Coverage	Sum Insured Basis	Sum Insured	Deductible (as a % of claim maximum upto 75% or	Deprec iation (as a % of claim
		Applicances )			,	(For Old & refurbished)	No./IMEI No./Serial No./Any Other)	gallery for Antique or paintings				absolute amount )	maxim um upto 75%)