5 Years Long Term Two Wheeler Package Policy

Proposal Form



Application No.: Note: (1) Policy wording are available assessment of the risk or provi	. , ,	•	•			,	close fac	ts materi	al to the	
	For Vehicle used for S	Social, Domestic, Pleasure	and Professio	nal Purpose only (No	t for Hire or F	Reward)				
Cover Desired: Package	Package (Fire &	Theft) Package (Fire	e only) P	ackage (Theft Only)						
Proposal for: New Poli			,,	,, [
	•	ds marked in bold on gery	hackground v	vith actorick ic manda	tory					
Dramanaula Dataila: /Dlama			background	VIIII dateriak ia mande	itory					
•	leave space between th	ne name)								
1. Name (Registered Owner o	f the Motor Vehicle)*									
Mr. / Mrs. / Ms. / M/s. / Dr.										
2. Date of Birth*:	D D M M Y	YYY		Marital Status: Ma	arried	Single	Sex:	M	F	
3. Educational Qualification:										
4. Occupation:	Business	Service Prof	essional	Others:				(Please	Specify)	
5. Address		110	oodional					(1 10000	эроону,	
(for Communication)*:										
				City						
	State			Pin Code						
	Tel.: (O)			(R)						
	Mobile:			E-mail						
GSTIN/ UIN:	Widdlic.			E man						
Vehicle Details :				Aadhaar No.						
Make*	Model*	Date of Registra	ation*	Year of Manufacture	* BTC) where vehicle	is/will l	ne Regist	ered*	
					ufacture* RTO where vehicle is/will be Registe					
Registration No.*	Engine No.*			Chassis No.*	Chassis No.* Cubic Capacity*			Seating Capacity* (incl. Driver)		
	*lasi	t 12 Characters only	÷	Last 12 Characters or	nlv					
6. Vehicle Purchased is :	Brand N		Used		,					
7. Vehicle Type :	Indigen	ous	Imported							
8. Fuel Type :	Petrol		Diesel	CNG/	I PG	Othe	ers			
8. Fuel Type : Petrol Diesel CNG/LPG Others 9. Type of Road where vehicle would normally ply : Hilly National / State highways City / Town Roads District Road Others										
10. PUC Certificate Number*			P	UC Expiry date*	D M M Y	YYY				
IMPORTANT NOTE: Insured								iation		
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the Sum insured for the purpose of the policy 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 time of commencement of insurance / renewal and adjusted for depreciation (as per the schedule specified). 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 not exceeding 1 year but not exceeding 2 years 20%										
price of the vehicle is/are also likewise to be fixed. The schedule of age-wise depreciation as shown 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 not exceeding 3 years 30%										
the aggregate cost of retrieval and/or repair of the vehicle subject to terms and conditions of the policy exceed 75% of Exceeding 3 years but										
the IDV. IDV of vehicle beyond 5 years of age and of obsolete models of the vehicles (i.e. models which the manufacturers have in the exceeding 4 years but / in the exceeding 4 years in the excee										
discontinued to manufacture) is to be determined on the basis of an understanding between the Insurer and Insured. not exceeding 5 years 50%										
11. Insured's Declared Value	(IDV)*:					A	mount ((Rs.)		
Vehicle Value										
Side Car Value										
Non-Electrical Accessories (Other than factory fitted)						\pm				
Details:		,								
Electrical Accessories (Ot	her than factory fitted)									
	Stereo	AC	0	thers						
Make Model	stereo	AC		tiicis						
Year IDV (Rs.)										
CNG/LPG kit (Not provide	d by manufacturers)									
Total IDV.	Total IDV.									

2. Previous Insurance Particulars*: (Attach Expiring P	olicy Copy with Sch	nedule or Cover	note as F	Proof of Insura	nce)			
Is the previous insurance in your name?	Yes	No						
Type of Cover:	Act Policy	Package					a n.a	,
Expiring Policy / Cover Note No.:					Expiry Date:	D D N	1 M Y	YY
NCB in your expiring policy	%				Duamah			
Previous Insurer: Address					Branch			
Address								
	Was any clair	m reported du	ring the	expiring pol	icy period?		Yes	No
Claim reported in Last 5 Years:								
	Year	1		2	3	4		5
	No. of Claims	S						
	Amount							
	Are you entitle	d for NCB on re	newal? (R	lefer NCB Decl	aration)	Yes	No	
3. Has any Insurance Company ever*:								
Declined your Proposal		Required an	ncrease i	in Premium / Io	nading %			
		·						
Cancelled or Refused Renewal		Imposed Spe	cial Cond	ditions or Exce	SS			
I. Period of Insurance:	Desired from	* D D M	VI Y	Y Y Y	To midnight of*	D D N	1 M Y	Y
Note: Cover will commence not earlier than the Date	e & Time of Accepta	nce of Risk subs	equent to	payment of p	remium			
i. Main Driver Details:	Self	Driving Expe	ience*	Years				
	Name	2g 2.kpc						
Paid Driver	Age: Years		ender:	Male	Female			
Any Other	Educational Qu		ienuer.	iviale	Terriale			
	Marital Status		Single	Driv	er Experience*:	Years		
Does the driver suffer from defective vision or hearing			Olligic	Yes	No No	Tours		
Has the driver ever been involved / convicted for call				Yes	No			
5. Financier's Details:								
Name								
	Hypothecation		Hire Pu	ırahasa	Loaco			
	**		HITE PU	ircnase	Lease			
	Contract/Loan A	Application No.						
Un-Named persons Personal Accident Cover for CSI Rs. Wider Legal Liability to Paid Driver Personal Accident Cover for Owner Driver is compared as a Name of the Nominee & Age b. Relationship c. Name of the Appointee (if Nominee is a Marchael Cover for Owner Driver is compared to the Nominee & Age b. Relationship	ompulsory*. Please :		ominatio	n:				
d. Relationship to the Nominee	:							
Note: 1. Personal Accident cover for Owner Drive 2. Compulsory PA cover to owner driver on the owner driver does not hold an effect	annot be granted wh					or a similar b	ody corporate	e or whe
Do you wish to include Personal Accident cover	er for named person					ed for:		
Name		CSI Opted (Rs)	No	minee*		Relationship)
1)								
2)								
3)								
(Note: The maximum CSI available per person			Two Whe	eelers)				
Liability to Employees travelling/driving the ve	•	d driver) Nos.						
Loss of accessories by Burglary, House breaking								
. Restriction of Cover/Discounts/Concessions (Pleas	se tick ✓)							
Name of Automobile Association:								
Membership No.:					Expiry Date:	D D N	MYY	′ Y
Third Party Property Damage Cover restricted								
Voluntary Deductible chosen over and above	Compulsory deduct	ible						
Options available are:			_					
Rs.500/- Rs.1000/-	Rs.1500/-		Rs.2000		Rs.2500/-			
Rs.3000/-	Rs.4000/-		Rs.5000)/-				
Vehicle is Specially designed for use of Blind/	Handicapped/Menta	Ily Challenged P	erson and	d endorsed in	Registration Cer	tificate. (Atta	ich RC copy)	
Vehicle will be used within own premises (On	ly if not licensed for	generla road us	by RTO)				
Vehicle is fitted with Anti Theft device approve	ed by ARAI (Attach i	installation certif	cate issu	ied by any Aut	omobile Associa	ition)		
Vehicle is fitted with a Fibre Glass Fuel Tank.	Vehicle will be u	ised for Driving	Tuitions.					

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19. Extended Covers:					
Imported vehicle without payment of customers duty Extension to Countries (Bangladesh/Nepal/Bhutan/Pakistan/Maldives/Sri La Vehicle driven by non-conventional source of power. Details.	nka)				
20. Add on covers (Two wheeler)					
Depreciation Allowance Return to Invoice	Consumable Expenses				
Emergency medical expenses (In multiple of Rs.5,000/-) Rs.					
Additional Third Party Property Damage Cover (In multiple of INR50,000/-) Rs (minimum Rs.1,00,000/- & maximum Rs.15,00,000/-) Additional Personal Accident Cover to Owner-Driver (In multiple of Rs.50,000/-) Rs (minimum Rs.1,00,000/- & maximum Rs.15,00,000/-)					
Additional Personal Accident Cover to Unnamed Persons (In multiple of Rs					
(minimum Rs.1,00,000/- & maximum Rs.15,00,000/-)					
Continuation/Return Journey (with Additional Premium): 1500/- 2000/- 2500/-	only Taxi / Hotel arrangement support will be provided without any payment) Hotel Accommodation: (with Additional Premium): 2500/- 3500/- 5000/-				
21. Any other Material Facts relevant for this Insurance					
Sources of funds (please 🗸 where applicable) : Salary 📗 Business 📗	Other (Please Specify)				
Premium paid by Cash / Cheque No.	Amount (Rs.)				
Bank Name	Branch				
Insured's PAN / Form 60 if applicable					
Card Type Number :					
AML Guidelines					
I/we hereby confirm that all premiums have been/will be paid from bonafide sources at offence listed in Prevention of Money Laundering Act, 2002. I understand that the Comcompany has right to cancel the insurance contract in case I am/have been found groverning the prevention of money laundering in India.	pany has the right to call for documents to establish sources of funds. The insurance				
Nationality: Indian Non-Indian	If Non-Indian, please specify the Country :				
Type of Organization					
Corporations Governments Non Governmental Orga Trust Partnership International Organization					
"I/We desire to insure with Tata AIG General Insurance Company Limited in respect of this application are my/our true and accurate representations. I/We undertake that if any stand forfeited. I/We agree that this application and declaration shall be promissory a Company Limited. I/We confirm that I/We have read and understood the coverages, the the said conditions prescribed by the Company. I/We also declare and undertake that if a change in the information as submitted by me/us after the submission of this proposal fimmediately failing which it is agreed and understood by me/us that the benefits under to capture the voice log for all such telephonic transactions carried out by me/us as requirent to capture the voice log for all such telephonic transactions carried out by me/us as requirent Company responsible or liable for relying/using such recorded telephonic converted application by the Company and the payment of the requisite premium by me/us in a premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Computer agree to receive 'Certificate of Insurance and Policy Schedule' only and shall access." No Claim Bonus* (if NCB confirmation is not submitted but NCB claimed.) (Strike I/We declare that the rate of NCB claimed by me/us is correct and that NO CLAIM hall I/We further undertake that if this declaration is found incorrect all benefits under the	of the statements are found to be false or incorrect, the benefits under this policy would shall be the basis of the contract between me/us and Tata AIG General Insurance terms and conditions and agree to accept the company's policy of insurance along with any additions or alterations are carried out by me/us in this proposal form or if there is a form then the same would be conveyed to Tata AIG General Insurance Company Limite the policy would stand forfeited. I/We agree to the Company taking appropriate measure itered by the procedures/regulations internal or external to the Company and shall not hold restation. I/We agree that the insurance would be effective only on acceptance of the advance. In the event of non-realization of the cheque or non-receipt of the amount any shall not be responsible for any liabilities of whatsoever nature under this Policy." the policy terms, conditions and exclusions on the company's website. off whatever is not applicable) as arisen in the expiring Policy Period (Copy of Policy enclosed).				
Place:					
Date D D M M Y Y Y Y	Signature of the Registered owner of the Vehicle*				
Bank Details*					
As per the Regulatory requirements, we can effect payment of refund / claims only th Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For t					
Name of the Account Holder:					
Name of the Bank :	Branch				
Type of Account : SB Account Current Accou	nt Others (please specify)				
Account Number:					
IFSC Code of Bank : If the premium cheque is not paid from the above mentioned account then a car #mandatory if annualized premium is more than Rs.10,000	ncelled cheque leaf of the above mentioned account is to be attached.				
Specified Person Details					
SP Certificate No SP Name	SP Signature				
Aadhaar Card No. of POSP	PAN No. of POSP				

Declaration: The content of this form along with by the policy terms & conditions.	product benefits, terms/conditions and exclu	sions have been clearly explained to me. I/we have understood these and confirm to abid
Signature of the Proposer	:	
Name & Signature of agent/intermed	diary :	Code:
	on in case the proposer has signed in vernacu product benefits, terms/conditions and exclus	llar/thumb print): sions have been clearly explained by me in vernacular to the proposer who has understoo
Signature/Thumb impression of the	Proposer:	
Name & Signature of agent/intermed	diary :	
Agent Declaration:		
of the questions contained in this questions contained herein or any dby the Company for issuance of the addendum(s), affidavits, statements there has been a non-disclosure of premiums paid under the Policy may	Proposal Form to the Proposer including st letails sought herein will form the basis of the Policy. I have further explained that if any unt s, submissions, furnished/to be furnished, the any material fact, the policy issued to his/he y be forfeited to the company.	(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the by declare that I have explained all the contents of this Proposal Form, including the naturatement(s), information and response(s) submitted by him/her in this Proposal Form to Contract of Insurance between the Company and the Proposer, if this Proposal is accepte true statement(s)/information/response(s) is/are contained in this Proposal Form/includin Company shall have the right to vary the benefits which may be payable and further more are favor pursuant to this Proposal may be treated by the Company as null and void and a
License No. (Intermediary/Corpora	ate Agent/Broker/Relationship Officer)	
·	code	
Place:	Date:	Signature of Agent:
kind of risk relating to lives or pro any person taking out or renewin tables of the insurer.	operty in India, any rebate of the whole or pa ig or continuing a policy accept any rebate, o emplying with the provisions of this section sh ONLY:	Iducement to any person to take out or renew or continue an insurance in respect of any and of the commission payable or any rebate of premium shown on the policy, nor shall except such rebate as may be allowed in accordance with the published prospectus or shall be liable for penalty which may extend to ten lakh rupees. Fleet/Corporate/Branch Approval No.:
Name of Inspecting Agency:	Signature & St	
	Inspection A	
For PROD	UCER'S USE ONLY	DOCUMENTS ATTACHED*
Producer Code		Receipt Copy
Producer Name		Expiring Policy with Schedule
Froducer Name		Renewal Notice
Cash/Cheque No.		Sale proof (RC Copy/Form – 29 & 30)
Cheque Date		NCB Reserving (Original)
Cheque Date		Payment Instrument
Fleet/Corporate/ Branch Approval No.		Inspection Report
2. a.i.o.i. / pp.o.tai. itol		Anti theft device AAI Certificate
PREMIUM (Rs.)		Others
Business of : Rural Soc	cial Other	Branch:
Producer's Sign*		Operation Executive Sign & Date
Sourcing Branch Address:		

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.