

Application No.: \_\_\_\_\_

Note:

(1) Policy wording are available on request. (2) Please complete all sections in capitals and tick the boxes wherever applicable. (3) Failure to disclose facts material to the assessment of the risk or providing misleading Information may render the contract void. (4) Geographical area of operation: INDIA.

For Vehicle used for Social, Domestic, Pleasure and Professional Purpose only (Not for Hire or Reward)

Cover Desired:	SAOD <input type="checkbox"/>	Fire & Theft <input type="checkbox"/>	Fire only <input type="checkbox"/>	Theft Only <input type="checkbox"/>
Proposal for:	New Policy <input type="checkbox"/>	Endorsement <input type="checkbox"/>		

Information for fields marked with asterisk is mandatory

Proposer's Details: (Please leave space between the name)

**1. Name (Registered Owner of the Motor Vehicle)\***

Mr. / Mrs. / Ms. / M/s. / Dr.

**2. Date of Birth\*:**

Marital Status: Married  Single  Sex: M  F

**3. Educational Qualification:**

**4. Occupation:**

Business  Service  Professional  Others:  (Please Specify)

**5. Address (for Communication)\*:**

City

State  Pin Code

Tel.: (O)  (R)

Mobile:  E-mail

GSTIN/ UIN:

Vehicle Details : (Including Trailer, if any, as per the Registration Certificate)

Make*	Model*	Date of Registration*	Year of Manufacture*	RTO where vehicle is/will be Registered*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration No.*	Engine No.*	Chassis No.*	Cubic Capacity*	Seating Capacity* (incl. Driver)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*last 12 Characters only

\*Last 12 Characters only

**6. Vehicle Purchased is :**

Brand New  Used

**7. Vehicle Type :**

Indigenous  Imported

**8. Fuel Type :**

Petrol  Diesel  CNG/LPG  Others

**9. PUC Certificate Number\***

**PUC Expiry Date\***

**10. Type of Road where vehicle would normally ply :**

Hilly  National / State highways  City / Town Roads  District Road  Others

IMPORTANT NOTE: Insured's Declared Value (IDV) and Schedule of Depreciation for Arriving at IDV	Age of the Vehicle	% of Depreciation
<p>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 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 the aggregate cost of retrieval and/or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV.</p> <p>IDV of vehicle beyond 5 years of age and of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) is to be determined on the basis of an understanding between the Insurer and Insured.</p>	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 years but not exceeding 3 years	30%
	Exceeding 3 years but not exceeding 4 years	40%
	Exceeding 4 years but / not exceeding 5 years	50%

11. Insured's Declared Value (IDV)*:	Amount (Rs.)
Vehicle Value	<input type="text"/>
Non-Electrical Accessories (Other than factory fitted)	<input type="text"/>
Details:	
Electrical Accessories (Other than factory fitted)	
Make	
Model	
Year	
IDV (Rs.)	<input type="text"/>
CNG/LPG kit (Not provided by manufacturers)	<input type="text"/>
Total IDV.	<input type="text"/>

**12. Previous Insurance Particulars\*:** (Attach Expiring Policy Copy with Schedule as Proof of Insurance)

Is the previous insurance in your name? Yes  No

Type of Cover: Act Policy  Package  Bundled

Expiring Policy Number: \_\_\_\_\_ Expiry date of Own Damage Cover: D D M M Y Y Y Y

NCB in your expiring policy:  % Expiry date of Third Party Cover: D D M M Y Y Y Y

Previous Insurer: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Was any claim reported during the expiring policy period? Yes  No

Year	1	2	3	4	5
No. of Claims					
Amount					

Claim reported in Last 5 Years:

Are you entitled for NCB on renewal? (Refer NCB Declaration) Yes  No   %

**13. Has any Insurance Company ever\*:**

Declined your Proposal  Required an increase in Premium / loading %

Cancelled or Refused Renewal  Imposed Special Conditions or Excess

**14. Period of Insurance:** Desired from\* D D M M Y Y Y Y To midnight of\* D D M M Y Y Y Y

Note: Cover will commence not earlier than the Date & Time of Acceptance of Risk and / or issuance of Cover Note subsequent to payment of premium

**15. Main Driver Details:** Self  Driving Experience\* Years

Paid Driver  Name: \_\_\_\_\_

Any Other  Age: Years  Gender: Male  Female

Educational Qualification: \_\_\_\_\_

Marital Status Married  Single  Driver Experience\*: Years

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes  No

Has the driver ever been involved / convicted for causing any accident or loss? Yes  No

**16. Financier's Details:**

Name: \_\_\_\_\_

Hypothecation  Hire Purchase  Lease

Contract/Loan Application No. \_\_\_\_\_

**17. Restriction of Cover/Discounts/Concessions (Please tick ✓)**

Name of Automobile Association: \_\_\_\_\_

Membership No.: \_\_\_\_\_ Expiry Date: D D M M Y Y Y Y

Voluntary Deductible chosen over and above Compulsory deductible

Options available are:

Rs. 2500/-  Rs. 5000/-  Rs. 7500/-  Rs. 15000/-

Vehicle is Specially designed for use of Blind/Handicapped/Mentally Challenged Person and endorsed in Registration Certificate. (Attach RC copy)

Vehicle will be used within own premises (Only if not licensed for general road use by RTO)

Vehicle is fitted with Anti Theft device approved by ARAI (Attach installation certificate issued by any Automobile Association)

Vehicle is fitted with a Fibre Glass Fuel Tank.  Vehicle will be used for Driving Tuitions.  Vintage Car certified by Vintage and Classic Car Club of India.

**18. Extended Covers:**

Imported vehicle without payment of customers duty

Extension to Countries (Bangladesh/Nepal/Bhutan/Pakistan/Maldives/Sri Lanka)

Vehicle driven by non-conventional source of power. Details.

**19. Auto Secure Standalone Own Damage Private Car Policy - Add On Covers (You may opt for these covers either from bundled options or individual covers)**

Gold  Pearl  Pearl Plus  Titanium  Platinum  Sapphire  Sapphire Plus

	Gold	Gold	Gold	Gold	Gold	Gold
• Repair of Glass, Fibre, Plastic & Rubber Parts	• Gold	• Gold	• Gold	• Gold	• Gold	• Gold
• Loss of Personal Belongings	• Depreciation reimbursement	• Depreciation Reimbursement	• Depreciation Reimbursement	• Depreciation Reimbursement	• Depreciation Reimbursement	• Depreciation Reimbursement
• Emergency Transport & Hotel Expenses		• Engine Secure – with deductible	• Daily Allowance	• Daily Allowance	• Consumable Expenses	• Consumable Expenses
• Key Replacement		• Consumable Expenses		• Return to invoice	• Tyre Secure – Full Replacement Basis	• Tyre Secure – Full Replacement Basis
• Road Side Assistance						• Engine Secure – with deductible



**Declaration:**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : \_\_\_\_\_

Name & Signature of agent/intermediary : \_\_\_\_\_ Code: \_\_\_\_\_

**Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer : \_\_\_\_\_

Name & Signature of agent/intermediary : \_\_\_\_\_

**Agent Declaration:**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Intermediary/Corporate Agent/Broker/Relationship Officer)	<input type="text"/>
Name of the specified Person and code	_____
Place: _____	Date: _____
Signature of Agent: _____	

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015**

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 published prospectus or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**FOR OFFICE / PRODUCER'S USE ONLY:**

Vehicle Inspection No.: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Inspecting Agency: \_\_\_\_\_

Signature & Stamp of Inspection Agency

Fleet/Corporate/Branch Approval No.: \_\_\_\_\_

Recommendation Approval : \_\_\_\_\_

Approving Authority Name, Signature & Date : \_\_\_\_\_

<b>For PRODUCER'S USE ONLY</b>	<b>DOCUMENTS ATTACHED*</b>
Producer Code <input type="text"/> Producer Name _____ Covernote No. <input type="text"/> Cancelled Covernote if any _____ Cash/Cheque No. <input type="text"/> Cheque Date <input type="text"/> Fleet/Corporate/ Branch Approval No. <input type="text"/> PREMIUM (Rs.) <input type="text"/> Business of : <input type="checkbox"/> Rural <input type="checkbox"/> Social <input type="checkbox"/> Other	<input type="checkbox"/> Receipt Copy <input type="checkbox"/> Expiring Policy with Schedule <input type="checkbox"/> Renewal Notice <input type="checkbox"/> Sale proof (RC Copy/Form – 29 & 30) <input type="checkbox"/> NCB Reserving (Original) <input type="checkbox"/> Payment Instrument <input type="checkbox"/> Inspection Report <input type="checkbox"/> Anti theft device AAI Certificate <input type="checkbox"/> Cancelled Covernote if any <input type="checkbox"/> Others _____ Branch: _____
Producer's Sign* _____	Operation Executive Sign & Date _____

Sourcing Branch Address: \_\_\_\_\_

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

**Tata AIG General Insurance Company Limited**

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425

Auto Secure – Standalone Own Damage Private Car Policy - UIN: IRDAN108RP0001V01201920