

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: Package  Package (Fire & Theft)  Package (Fire only)  Package (Theft Only)   
 Proposal for: New Policy  Endorsement

Information for fields marked in bold on gery background 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)\*:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 State  City   
 Pin Code   
 Tel.: (O)  (R)   
 Mobile:  E-mail

GSTIN/ UIN: \_\_\_\_\_

Aadhaar No. \_\_\_\_\_

Vehicle Details :

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

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

**10. PUC Certificate Number\***

PUC Expiry date\*

IMPORTANT NOTE: Insured's Declared Value (IDV) and Schedule of Depreciation for Arriving at IDV	Age of the Vehicle	% of Depreciation
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. 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.	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"/>
Side Car 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 or Cover note as Proof of Insurance)

Is the previous insurance in your name? Yes  No

Type of Cover: Act Policy  Package

Expiring Policy / Cover Note No.: \_\_\_\_\_ Expiry Date:

NCB in your expiring policy   %

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

Address \_\_\_\_\_

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

**Claim reported in Last 5 Years:**

Year	1	2	3	4	5
No. of Claims					
Amount					

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\*         To midnight of\*

Note: Cover will commence not earlier than the Date & Time of Acceptance of Risk 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. Extra Benefits for an additional premium (Please tick ✓)**

Un-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-)  
CSI Rs.

Wider Legal Liability to Paid 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. 15,00,000/- for Two Wheelers.  
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 driver's licence.

Do you wish to include Personal Accident cover for named persons? if YES, give name and Capital Sum Insured (CSI) opted for:

Name	CSI Opted (Rs.)	Nominee*	Relationship
1)			
2)			
3)			

(Note: The maximum CSI available per person is Rs. 1 Lac in the case of Motorized Two Wheelers)

Liability to Employees travelling/driving the vehicle (other than paid driver) Nos.

Loss of accessories by Burglary, House breaking and Theft.

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

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

Membership No.:  Expiry Date:

Third Party Property Damage Cover restricted to Rs. 6,000/- only

Voluntary Deductible chosen over and above Compulsory deductible

Options available are:

Rs 500/-  Rs 1000/-  Rs 1500/-  Rs 2000/-  Rs 2500/-

Rs 3000/-  Rs 3500/-  Rs 4000/-  Rs 5000/-

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.

**19. 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.

**20. Add on covers (Two wheeler)**

- Depreciation Allowance  Return to Invoice  Consumable Expenses
- Emergency medical expenses (In multiple of Rs. 5,000/-) Rs. \_\_\_\_\_ (minimum Rs. 25,000/- & maximum Rs. 1,00,000/-)
- Additional Third Party Property Damage Cover (In multiple of INR 50,000/-) 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. 50,000/-) Rs. \_\_\_\_\_ (Number of persons \_\_\_\_\_) (minimum Rs. 1,00,000/- & maximum Rs. 15,00,000/-)
- Road Side Assistance (Imp: Please Choose an option. If nothing is chosen only Taxi / Hotel arrangement support will be provided without any payment)  
Continuation/Return Journey (with Additional Premium): Hotel Accommodation: (with Additional Premium):  
1500/-  2000/-  2500/-  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 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. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

- Nationality : Indian  Non-Indian  If Non-Indian, please specify the Country : \_\_\_\_\_
- Type of Organization  
 Corporations  Governments  Non Governmental Organizations  Society   
 Trust  Partnership  International Organization  Cooperatives  Section 25 Company

**Declarations**

"I/We desire to insure with Tata AIG General Insurance Company Limited in respect of the vehicle described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Tata AIG General Insurance Company Limited. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Tata AIG General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited. I/We agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us as required by the procedures/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us 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."

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.

No Claim Bonus\* (if NCB confirmation is not submitted but NCB claimed.) (Strike off whatever is not applicable)

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 the Registered owner of the Vehicle\*

**Bank Details\***

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account#

Name of the Account Holder:

Name of the Bank :  Branch

Type of Account :  SB Account  Current Account Others (please specify)

Account Number :

IFSC Code of Bank :

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached.  
#mandatory if annualized premium is more than Rs. 10,000

**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 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**

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

<b>FOR OFFICE / PRODUCER'S USE ONLY:</b>	Fleet/Corporate/Branch Approval No.: _____
Vehicle Inspection No.: _____	Recommendation Approval : _____
Date: _____ Time: _____	Approving Authority Name, Signature & Date : _____
Name of Inspecting Agency: _____	_____
Signature & Stamp of Inspection Agency	

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

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

RATING CHART*	TWO WHEELER
On Vehicle IDV	TP Premium (As applicable)
CNG/LPG Kit IDV @ 4% (If Externally Fitted)	CNG/LPG (Rs. 60/-)
Electrical Accessory @ 4%	Owner Driver PA (Rs.750/-)
Loading/Discounts if any	Paid Driver (Rs.50/-)
(-) Voluntary Excess	PA to Passengers (Rs.7/- per 10,000)
(-) Anti Theft Device	Total Liability Premium (B)
@ 2.5% Max 500/-	Total Premium (A+B)
(-) AAI Discount	GST (As applicable) (C)
@ 5% Max 200/-	
(-) NCB@ %	
<b>Total OD Premium (A)</b>	<b>Total Amount (A to C)</b>

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