

# Bundled Auto Secure - Private Car Policy (1 Year Term for Own Damage and 3 Years for Third Party)

## Proposal Form (FOR NEW VEHICLES ONLY)



WITH YOU ALWAYS

Proposal No.

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act, 1988.

A(I). Personal Details of Proposer / Owner (In capital letters)

### Personal Details

1a. Proposer's (Owner's) full name

1b. Insured's PAN card number  In the absence of PAN Card, please give details of any other authorized photo identification card.

Card Type  Number :

Sources of funds (please ✓ where applicable) Salary  Business  Other (Please specify)

2. Date of Birth\*:  D  D  M  M  Y  Y  Y  Y Sex:  M  F

3. Educational Qualification:  Martial Status:  Married  Single

3. Address (where the vehicles is normally kept)

City

State

Phone

Mobile

PIN:

Fax:

Email:

4. Occupation / Business

5. Type of cover 1 Year Term for Own Damage and 3 Years for Third Party

7. Period of Insurance for Own Damage Cover From \_\_\_\_ Hrs on  D  D  M  M  Y  Y  Y  Y To \_\_\_\_ Hrs on  D  D  M  M  Y  Y  Y  Y

Period of Insurance for Third Party Liability Cover From \_\_\_\_ Hrs on  D  D  M  M  Y  Y  Y  Y To \_\_\_\_ Hrs on  D  D  M  M  Y  Y  Y  Y

8. GSTIN

9. Aadhar No.

10. PUC Certificate No.

PUC Expiry date  D  D  M  M  Y  Y  Y  Y

A(II). Vehicle Details

### Vehicle Specifications

11. Vehicle Type : Indigenous  Imported

12. Registration number of the vehicle

13. Date of registration of the vehicle

14. Registering authority & location

15. Year of manufacture

16. Engine number

17. Chasis number

18. Make of the vehicle

19. Model

20. Type of body

21. Cubic Capacity of the vehicle

22. Seating Capacity including driver

23. Type of Road where vehicle would normally ply: Hilly  National / State highways  City/Town Roads  District Road  Others

24. Whether the vehicle is driven by non-conventional source of power If 'YES', please give details  Bi-Fuel  CNG  LPG

25. Whether the use of vehicle is limited to own premises ?  Yes  No

26. Whether the vehicle is used for commercial purpose ?  Yes  No

27. Whether the vehicle is used for driving tuitions ? (GR-44)  Yes  No

28. Details of Hire Purchase / Hypothecation / Lease (IMT-5)

a) Is the vehicle proposed for insurance is :

(i) Under Hire Purchase ?  Yes  No

(ii) Under Lease Agreement ?  Yes  No

(iii) Under Hypothecation ?  Yes  No

b) If 'YES', give name and address of concerned party / parties :

| 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%               |

| 29. 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)     |                      |                      |                      |
|  | <b>Stereo</b>        | <b>AC</b>            | <b>Others</b>        |
| Make   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Model  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Year   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| IDV (Rs.)  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CNG/LPG kit (Not provided by manufactures)             |                      |                      | <input type="text"/> |
| Total IDV.   |                      |                      | <input type="text"/> |

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| <b>30. Has any Insurance Company ever*:</b> |                          |   |                          |
| Declined your Proposal                      | <input type="checkbox"/> | Required an increase in Premium / loading % | <input type="checkbox"/> |
| Cancelled or Refused Renewal                | <input type="checkbox"/> | Imposed Special Conditions or Excess        | <input type="checkbox"/> |

A(III). Liability Section : Coverage

### Third Party Risks: Death / Bodily Injury

31. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of :

- (i) Owner Driver only  Yes  No
- (ii) Any person other than Paid Driver  Yes  No

If 'YES', give details of such other persons

- 
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- Note:** 1. Section 146 of Motor Vehicles Act, 1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver.
2. As per Section 147 (2) (a) The liability is 'as incurred' in the case of death / bodily injury of a third party

### Third Party Risks: TPPD (IMT-20)

32. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs.6000/- only ?  Yes  No  
(For additional TPPD limits, please see **Q. No. 34**)

### Third Party Risks: Liability to 'Workmen' under W.C. Act, 1923 (Compulsorily to be covered by M.V. Act, 1988)

33. Legal liability to persons employed in connection with operation of the vehicle who are Workmen. (The liability of the employer under the Workmen's Compensation Act, 1923 is covered under the Motor Vehicles Act, 1988.)

- Drives (No. of persons: )
- Employees (Workmen) (No. of persons: )

(Note: The Motor Vehicles Act, 1988 under Sec. 147(1)(ii)(i) covers liability to employees who are Workmen within the meaning of the Workmen's Compensation Act, 1923.) (For additional coverage, please refer to **Q. No. 35**)

### B. Questions that provide additional covers as per IMT Endorsements

#### Additional TPPD (GR-39)

34. The Policy provides additional Third Party Property Damage liability limits Rs.7,50,000/- for Private Car. Do you wish to cover the additional limit ? (Refer to **Q. No. 32**)  Yes  No

#### Additional Liability to Workmen (IMT-28)

35. Do you wish to cover wider legal liability to employees who are 'Workmen' ? [This information is sought to cover in addition to liability under the Workmen's Compensation Act, 1923, also liability under the Fatal Accidents Act, 1855 and the Common Law]  Yes  No

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are Workmen is covered under this endorsement). (Refer to **Q. No. 33**)

### Liability to Employees who are not Workmen (IMT-29)

36. Do you wish to cover wider legal liability to employees who are NOT 'Workmen' ?  Yes  No  
 (Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees **who are not Workmen** can be covered under this endorsement).

### Personal Accidental Cover for Owner Driver

37. Personal Accident Cover for Owner Driver is compulsory in the Liability Only cover. Please give details of nomination :
- a. Name of the Nominee & Age : \_\_\_\_\_   Yrs
- 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 Rs.15,00,000/- for Private Cars.  
 2. Compulsory Personal Accident 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.

### Personal Accident Cover for Named Occupants (IMT-15)

38. Do you wish to include Personal Accident cover for named persons ?  Yes  No  
 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.2 Lakhs in the case of Private Cars)

### Personal Accident Cover for Un-Named Occupants (IMT-16)

39. Do you wish to include Personal Accident cover for un-named passengers/hirer/pillion passengers (Two Wheelers)  Yes  No  
 If YES, give number of persons and Capital Sum Insured (CSI) opted :
- No. of persons: \_\_\_\_\_ C.S.I. (per person): \_\_\_\_\_
- (Note: The maximum CSI available per person is Rs.2 Lakhs in the case of Private Cars)

### Geographical Extension (IMT-1)

40. Whether extension of geographical area to the following countries required ?
- |               |  |              |  |
|---------------|--|--------------|--|
| 1. Bangladesh | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Bhutan    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Maldives   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Nepal     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Pakistan   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Sri Lanka | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- (Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

### Section C

#### 41. Restriction of Cover/Discounts/Concessions (Please tick✓)

- Name of Automobile Association: \_\_\_\_\_ Expiry Date:
- Membership No.:
- Voluntary Deductible chosen over and above Compulsory deductible
- In case of Private Car, Options available are (In multiple of Rs.500):
- 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.

#### 42. Extended Covers:

- Imported vehicle without payment of customs duty.  Vehicle driven by non-conventional source of power details.

#### 43. Add on Covers - Private Car (You may opt for these covers either form bundled options or individual covers)

- Gold  Pearl  Pearl Plus  Titanium  Platinum  Sapphire  Sapphire Plus

|  |                              |                                   |                              |                              |  |  |
|--|------------------------------|-----------------------------------|------------------------------|------------------------------|--|--|
| • 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      |

**44. Individual Covers**

- 1. Depreciation Reimbursement - IRDAN108RP0006V01201819/A0029V01201819
- 2. Daily Allowance - IRDAN108RP0006V01201819/A0030V01201819
- 3. Return to Invoice (Not applicable for used cars) - IRDAN108RP0006V01201819/A0031V01201819
- 4. No Claim Bonus Protection - IRDAN108RP0006V01201819/A0032V01201819  
(Eligibility: Minimum 25% Bonus and no claim in previous 2 years)
- 5. Repairs of Glass, Fibre, Plastic & Rubber Parts - IRDAN108RP0006V01201819/A0033V01201819
- 6. Loss of Personal Belongings - IRDAN108RP0006V01201819/A0034V01201819  
  - 6(a) Rs.10,000  6(b) Rs.50,000  6(c) Any other
- 7. Emergency Transport & Hotel Expenses - IRDAN108RP0006V01201819/A0035V01201819  
  - (7a) Rs.10,000  (7b) Rs.50,000  (7c) Any other
- 8. Key Replacement - IRDAN108RP0006V01201819/A0036V01201819  
  - (8a) Rs.25,000  (8b) Rs.65,000
- 9. Engine Secure - IRDAN108RP0006V01201819/A0038V01201819  
  - (9a) With deductible  (9b) Without deductible
- 10. Tyre Secure - IRDAN108RP0006V01201819/A0039V01201819  
  - (10a) Depreciation Basis  (10b) Full Replacement Basis
- 11. Consumable Expenses - IRDAN108RP0006V01201819/A0040V01201819
- 12. Road Side Assistance - IRDAN108RP0006V01201819/A0041V01201819

**Driver Details**

**45 Details of the Driver :**

- a. Age & Date of Birth of the Owner : Age   Yrs DOB 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- b. Age & Date of Birth of the Driver : Age   Yrs DOB 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- c. Does the driver suffer from defective vision or hearing or any physical infirmity?  Yes  No  
If YES, please give details of such infirmity : \_\_\_\_\_
- d. Has the driver ever been involved / convicted for causing any accident or loss?  Yes  No  
If YES, give details as under including the pending prosecutions \_\_\_\_\_  
  - Driver's Name : \_\_\_\_\_
  - Date of Accident : \_\_\_\_\_
  - Loss / Cost (Rs.) : \_\_\_\_\_
  - Circumstances of Accident / Loss : \_\_\_\_\_

|   |   |   |   |   |   |   |   |   |   |                    |
|---|---|---|---|---|---|---|---|---|---|--------------------|
| Premium paid by cash / Cheque No. _____   | Date <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D   | D | M | M | Y | Y | Y | Y | Amount (Rs.) _____ |
| D   | D   | M   | M | Y | Y | Y | Y |   |   |                    |
| Bank _____  | Branch _____  |   |   |   |   |   |   |   |   |                    |
| Producer Name _____   | Producer Code _____   |   |   |   |   |   |   |   |   |                    |
| <b>AML Guidelines</b>   |   |   |   |   |   |   |   |   |   |                    |
| 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. |   |   |   |   |   |   |   |   |   |                    |
| Sourcing Branch Address: _____  |   |   |   |   |   |   |   |   |   |                    |
| <ul style="list-style-type: none"> <li>● <b>Nationality :</b> Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the Country : _____</li> <li>● <b>Type of Organization</b></li> </ul>   |   |   |   |   |   |   |   |   |   |                    |
| Corporations <input type="checkbox"/>   | Governments <input type="checkbox"/>  | Non Governmental Organizations <input type="checkbox"/> |   |   |   |   |   |   |   |                    |
| Trust <input type="checkbox"/>  | Partnership <input type="checkbox"/>  | International Organization <input type="checkbox"/>     |   |   |   |   |   |   |   |                    |
|   |   | Society <input type="checkbox"/>                        |   |   |   |   |   |   |   |                    |
|   |   | Cooperatives <input type="checkbox"/>                   |   |   |   |   |   |   |   |                    |
|   |   | Section 25 Company <input type="checkbox"/>             |   |   |   |   |   |   |   |                    |

**11. 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) \_\_\_\_\_

Name of the specified Person and code \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

**Declaration by the Insured**

I / We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and the Tata AIG General Insurance Company Ltd.

I / We also declare that if any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

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.

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: \_\_\_\_\_

**10. 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: \_\_\_\_\_

