

# Long Term Two Wheeler Package Policy

## Proposal Form



WITH YOU ALWAYS

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

Note:

(1) Policy wordings 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 grey 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)\*:**

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

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

**Aadhaar Card No.** \_\_\_\_\_

**6. Vehicle Details :** (Including side car, if any, as per the Registration Certificate)

PAN \_\_\_\_\_

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

\* Last 12 Characters only

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**7. Vehicle Purchased is :**

Brand New  Used

**8. Vehicle Type :**

Indigenous  Imported

**9. Fuel Type :**

Petrol  Diesel  CNG/LPG  Others

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

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

**11. 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 is fixed separately for each year of insurance during the policy period for the insured vehicle. The IDV of the vehicle is to be fixed on the basis of manufacturers listed selling price of the brand and model of 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%

12. Insured's Declared Value (IDV)*:	Amounts in Rupees		
Vehicle Value	1st Year	2nd Year	3rd Year
Side Car Value	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Electrical Accessories (Other than factory fitted)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total IDV	<input type="text"/>	<input type="text"/>	<input type="text"/>

**13. 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    %

14. Has any Insurance Company ever\*:

Declined your Proposal  Required an increase in Premium / loading %

Cancelled or Refused Renewal  Imposed Special Conditions or Excess

15. Period of Insurance: Desired from\*         To midnight of\*

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

16. 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

If YES, give details as under including the pending prosecutions :

- Driver's Name

- Date of Accident

- Loss / Cost (Rs.) \_\_\_\_\_

- Circumstances of Accident / Loss \_\_\_\_\_

17. Financier's Details:

Name

Hypothecation  Hire Purchase  Lease

Contract/Loan Application No.

18. Extra Benefits for an additional premium (Please tick)

Un-Named Persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 100,000/- each in Multiples of Rs. 10,000/-) CSI Rs.

Wider Legal Liability to employees who are workmen including paid driver Nos.

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. 2 Lac in the case of Motorized Two Wheelers)

- Wider Legal Liability to employees who are not workmen Nos.
- Loss of accessories by Burglary, House breaking and Theft.

19. Restriction of Cover/Discounts/Concessions (Please tick 3)

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.

20. Extended Covers:

Imported vehicle without payment of customs duty

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

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



**Specified Person Details**

SP Certificate No <input type="text"/>	SP Name <input type="text"/>	SP Signature <input type="text"/>
Aadhar Card No. of POSP <input type="text"/>	Pan No. of POSP <input type="text"/>	

Agent Name <input type="text"/>	<input type="text"/>
Agent Code <input type="text"/>	<input type="text"/>
Agent License No. (Intermediary/ Corporate Agent/Broker/Relationship Officer) <input type="text"/>	<input type="text"/>
Place: _____	_____
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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.

<p><b>FOR OFFICE / PRODUCER'S USE ONLY:</b></p> <p>Vehicle Inspection No.: _____</p> <p>Date: _____ Time: _____</p> <p>Name of Inspecting Agency: _____</p> <p style="text-align: right;">Signature &amp; Stamp of Inspection Agency</p>	<p>Fleet/Corporate/Branch Approval No.: _____</p> <p>Recommendation Approval: _____</p> <p>Approving Authority Name, Signature &amp; Date: _____</p> <p>_____</p>
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<p align="center"><b>For PRODUCER'S USE ONLY</b></p> <p>Producer Code <input type="text"/></p> <p>Producer Name _____</p> <p>Covernote No. <input type="text"/></p> <p>Cancelled Covernote if any _____</p> <p>Cash/Cheque No. <input type="text"/></p> <p>Cheque Date <input type="text"/></p> <p>Fleet/Corporate/ Branch Approval No. <input type="text"/></p> <p>PREMIUM (Rs.) <input type="text"/></p> <p>Business of : <input type="checkbox"/> Rural <input type="checkbox"/> Social <input type="checkbox"/> Others</p> <p>Producer's Sign* _____</p>	<p align="center"><b>DOCUMENTS ATTACHED*</b></p> <p><input type="checkbox"/> Covernote Copy</p> <p><input type="checkbox"/> Receipt Copy</p> <p><input type="checkbox"/> Earning Policy with Schedule/Covernote</p> <p><input type="checkbox"/> Renewal Notice</p> <p><input type="checkbox"/> Sale proof (RC Copy/Form - 29 &amp; 30)</p> <p><input type="checkbox"/> NCB Reserving (Original)</p> <p><input type="checkbox"/> Payment instrument</p> <p><input type="checkbox"/> Inspection Report</p> <p><input type="checkbox"/> Anti theft device AAI Certificate</p> <p><input type="checkbox"/> Cancelled Covernote if any</p> <p><input type="checkbox"/> Others _____</p> <p>Branch: _____</p> <p>Operation Executive Sign &amp; Date _____</p>
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RATING CHART*	TWO WHEELER	
On Vehicle IDV		TP Premium (As applicable)
CNG/LPG Kit IDV @ 4% per year (If Externally Fitted)		CNG/LPG (Rs. 60/- per year)
Electrical Accessory @ 4% per year		Owner Driver PA (Rs. 50/- per year)
Loading/Discounts if any		LL to Paid Driver (Rs. 50/- per year)
(-) Voluntary Ex.		PA to Passengers (Rs. 7/- per 10,000 per year)
(-) Anti Theft Device @ 2.5% Max Rs. 500 per year		Total Liability Premium (B)
(-) AAI Discount @ 5% Max Rs. 50/- per year		Total Premium (A+B)
(-) NCB @ %		Service Tax (As applicable) (C)
Total OD Premium (A)		Total Amount (A to C)

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.

**Section 64 VB of the Insurance Act 1938:**

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

**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 Fax: 022 6693 8170 / 022 66939500 Email: customersupport@tataaig.com  
 Website: www.tataaig.com IRDAI No: 108 CIN: U85110MH2000PLC128425

Long Term Two Wheeler Package Policy UIN: IRDAN108RFP0007V01201516

**ACKNOWLEDGEMENT TO CUSTOMER**

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the Proposer \_\_\_\_\_

We acknowledge with thanks the receipt of your application for Tata AIG \_\_\_\_\_ and amount by cash/cheque/Demand Draft/others \_\_\_\_\_ of amount of Rs. \_\_\_\_\_. Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.