

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.

Cover Desired: Own Damage cover (Mandatory)  Public Liability (Optional)  Personal Accident cover for Insured (Optional)   
 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 (Owner of the Vehicle)\***

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

**2. Address**

**(for Communication)\*:**

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

Tel.: (O) \_\_\_\_\_ (R) \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_

GSTIN/ UIN: \_\_\_\_\_ PAN No.\* \_\_\_\_\_

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

Other \_\_\_\_\_

**3. Vehicle Details:**

Make*	Model*	Date of Invoice	Year of Manufacture*	Body type	Power Kilo Watt

Motor Number	Battery Number	Number of Batteries	Charger Number

Chassis No**	Seating Capacity* (incl Driver)

\*\*Last 12 Characters only

**4. Vehicle Purchased is :**

Brand New

Used




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	10%
	Exceeding 6 months but not exceeding 1 year	30%
	Exceeding 1 year but not exceeding 2 years	55%
	Exceeding 2 years but not exceeding 3 years	65%
	Exceeding 3 years but not exceeding 4 years	75%
	Exceeding 4 years but / not exceeding 5 years	85%

**5. Rate of Depreciation of Battery**

Age of battery	% of Depreciation
Not exceeding 6 months	25%
Exceeding 6 months but not exceeding 1 year	35%
Exceeding 1 year but not exceeding 2 years	45%
Exceeding 2 years but not exceeding 3 years	55%
More than 3 years	70%

**6. Insured's Declared Value (IDV) :**

**Amount (Rs.)**


 Vehicle Value(including battery) Battery Value *** *** - In case of battery value is not available, it will be assumed as X% of IDV	_____
 Non-Electrical Accessories (Other than factory fitted) Details:	_____
 IDV (Rs.)	_____
Total IDV.	_____

**7. 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: Own Damage cover  Public Liability cover  Personal Accident cover for Insured

Expiring Policy \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

Address \_\_\_\_\_


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

Previous claims and claim amount: \_\_\_\_\_

**8. Period of Insurance:**

Own Damage Cover Desired from\* \_\_\_\_\_ To midnight of\* \_\_\_\_\_

Public Liability (Optional): Desired from\* \_\_\_\_\_ To midnight of\* \_\_\_\_\_

Sum Insured (If opted for Public liability):  Desired from\* \_\_\_\_\_ To midnight of\* \_\_\_\_\_

Personal Accident Cover for Insured (Optional): Desired from\* \_\_\_\_\_ To midnight of\* \_\_\_\_\_

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

**9. Financier's Details:**

Name \_\_\_\_\_

Hypothecation  Hire Purchase  Lease

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

**10. Nominee details (If opted for Personal Accident cover for Insured)**


a. Name of the Nominee & Age \_\_\_\_\_


b. Relationship \_\_\_\_\_


c. Name of the Appointee (if Nominee is a Minor) \_\_\_\_\_


**11. Add-on Covers**

Auto Secure Asset Policy - Deprecation Allowance  
 Number of Claims \_\_\_\_

 Auto Secure Asset Policy - Return to Invoice

 Auto Secure Asset Policy - Emergency Medical Expenses  
 (In multiple of Rs. 5,000/-) Rs. \_\_\_\_\_ (minimum Rs. 10,000/-)

 Auto Secure Asset Policy - Road Side Assistance

 Auto Secure Asset Policy - Electric Surge Secure

**12. 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 paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- I / we are not Politically Exposed Persons \* nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

- 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 'Policy Schedule' only and shall access the policy terms, conditions and exclusions on the company's website.

I / We understand that in order to underwrite the policy, Company shall have to share/verify the information provided by me/us with rating agencies, third parties or services providers and accordingly I/We authorize the Company to do the same for the purpose of underwriting/servicing the policy

If you want a copy of the same on your email, please click here

I/We further undertake that if this declaration is found incorrect all benefits under 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

## 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) \_\_\_\_\_

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.

**PRODUCER 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 : \_\_\_\_\_

**For PRODUCER'S USE ONLY**

Producer Code \_\_\_\_\_

Producer Name \_\_\_\_\_

Cash/Cheque No. \_\_\_\_\_

Cheque Date \_\_\_\_\_

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

PREMIUM (Rs.) \_\_\_\_\_

Business of :  Rural  Social  Other

**DOCUMENTS ATTACHED\***

- Receipt Copy
- Expiring Policy with Schedule
- Renewal Notice
- Payment Instrument
- Inspection Report
- Anti theft device AAI Certificate
- 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  
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