

Long Term Two Wheeler Package Policy

Proposal Form



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

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

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

* Last 12 Characters only

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

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 (asper 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)*:		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"/>

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:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 NCB in your expiring policy %
 Previous Insurer: _____ Branch: _____
 Address _____

Claim reported in Last 5 Years:

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

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*

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
 If YES, give details as under including the pending prosecutions :
 - Driver's Name _____
 - Date of Accident

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 - Loss / Cost (Rs.) _____
 - Circumstances of Accident / Loss _____

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 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. 1,00,000/- 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

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 customs 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)

- 1 Depreciation Allowance
Deductible option
 No Deductible Rs.250 Rs.350 Rs.450
- 2 Return to Invoice

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 card Number : in the absence of PAN Card, please give details of any other authorized photo identification card.

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 & exclusions on the company's website.

No Claim Bonus* (if NCB confirmation is not submitted but NCB claimed.) (Strike off what ever 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.25,000

Section 41 of Insurance Act 1938 (Prohibition of rebates)

- 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.

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 :

For PRODUCER'S USE ONLY	DOCUMENTS ATTACHED*
Producer Code <input type="text"/> Producer Name <input type="text"/> Covernote No. <input type="text"/> Cancelled Covernote if any <input type="text"/> 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"/> Others	<input type="checkbox"/> Covernote Copy <input type="checkbox"/> Receipt Copy <input type="checkbox"/> Expiring Policy with Schedule/Covernote <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* <input type="text"/>	Operation Executive Sign & Date <input type="text"/>

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/- per10,000 per year)	
(-) Anti Theft Device		Total Liability Premium (B)	
@ 2.5% Max Rs.500 per year		Total Premium (A+B)	
(-) AAI Discount		Service Tax (As applicable) (C)	
@ 5% Max Rs.50/- per year		Service Tax (As applicable) (D)	
(-) NCB@ %			
Total OD Premium (A)		Total Amount (A to D)	

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 Fax: 022 6693 8170 Email: customersupport@tata-aig.com
 Website: www.tataaiginsurance.in IRDAI No: 108 CIN:U85110MH2000PLC128425