

## PROPOSAL FORM

To help us serve you better, kindly ensure that the form is completely filled

(This Insurance does not commence until the proposal is accepted and premium is realized by Tata AIG General Insurance Co. Ltd.)

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

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

**Note:**

1. Please tick the boxes wherever applicable.
2. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
3. All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover.
4. Policy wordings are available on request.
5. Items marked with \* are mandatory.
6. The sum insured of the proposed property should be as per current replacement value or as specifically agreed by us.

### PROPOSER'S DETAILS

1. Name\*: \_\_\_\_\_
2. Date of Birth\*: \_\_\_\_\_ 3. Sex\*: ☐ M ☐ F 4. Marital Status: ☐ Married ☐ Single
5. Address for Communication\*: \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_
6. Telephone Number\*: (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_
7. Email Address: \_\_\_\_\_ 8. Occupation\*: ☐ Service ☐ Self Employed
9. Details of Property to be Insured\*:

S. No.	Description * (Make / Weight / Type / Model)	YOM / Date of Purchase*	Identification No*	Sum Insured*

10. Period of Insurance\*:- From \_\_\_\_\_ / \_\_\_\_\_ Hrs on \_\_\_\_\_ to Midnight of \_\_\_\_\_

11. Excess % (If required ) :- \_\_\_\_\_

12. Whether cover is also required out-side India. If yes, give details:

13. Is the risk currently insured? If so, please provide following details:

(a) Name of the Company \_\_\_\_\_

(b) Policy No. & Period \_\_\_\_\_

(c) Name of the policy \_\_\_\_\_

14. Have you suffered any loss or damage in the Past?

(Irrespective of whether insured or not) If so, give full details thereof as under: -

Date of Occurrence	Details of Loss	Amt of Loss	Name of Insurer

# PERSONAL ALL RISK POLICY - COMMERCIAL

## UIN: IRDAN108CP0046V01201819



WITH YOU ALWAYS

15. Has any Company in respect of All Risks Insurance

- (a) Declined your Proposal? \_\_\_\_\_
- (b) Cancelled or refused to renew your Policy? \_\_\_\_\_
- (c) Accepted your proposal on special terms & conditions? \_\_\_\_\_

16. Any other relevant information related with the proposal (You would like to furnish):

\_\_\_\_\_

\_\_\_\_\_

17. Any other request: \_\_\_\_\_

### PAYMENT DETAILS\*

Payment Mode\*: ☐ Cheque ☐ DD ☐ Cash ☐ Credit Card (only Visa/Master Card accepted)

Cheque / DD No: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

**Please make a Crossed Cheque/DD in favor of 'Tata AIG General Insurance Company Limited' only.**

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

PAN Card Number: \_\_\_\_\_ In the absence of PAN card, please give details of any other authorized photo ID

Photo ID Type: \_\_\_\_\_ Photo ID Number: \_\_\_\_\_

Source of funds\*: ☐ Cheque ☐ Business ☐ Other (please specify): \_\_\_\_\_

### AML Guidelines

1. 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.
2. I/we are not Politically Exposed Persons \* nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

### Declaration

I / We desire to insure with Tata AIG General Insurance Company Limited items 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 addition or alteration 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 falling which it is agreed and understood by me / us that the benefit 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 the liabilities of whatsoever nature under this policy

Date\*: \_\_\_\_\_

Place\*: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer\*

**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.

**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. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.