

PROPOSAL FORM

Proposal Form No: _____

Please note:

1. This form is to be filled and signed by Proposer (i.e. the Policyholder)
2. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable
3. This proposal shall be the basis of contract for Policy issuance.

Intermediary Details

Intermediary/Agent Name:	Agent Code/ Intermediary License No.
	Intermediary/ Agent Contact Details

PROPOSER DETAILS

Name of the Proposer:																					
Address:																					
City:											District:										
State:											Pin Code:										
Year Company was founded:																					
Description of Business:																					
Contact Person's Name:																					
Landline Number:																					
Mobile No:																					
Email Id:																					
PAN No:																					
CIN No:																					

DETAILS FOR COVER:

A. Details of Cards

S. No	Card No.*	Eligible Cardholder/ Insured Name	Self/Add on	Type of Cards	Details of Cards	Bank
	**** * 1234 5678 9010					

* Kindly mention only the last four digits of your sixteen digit card number. For instance, mention Your card number as xxxx xxxx xxxx 1234.

B. Details of Benefits

Coverage under this Benefit will be applicable to an Eligible Cardholder subject to deductible within the Rideshare carrier's vehicle while traveling during a Covered Trip whose Personal Property is permanently lost or stolen after he or she enters a Rideshare carrier. The coverage ends each time the Eligible Cardholder reaches his or her destination prior to exiting the Rideshare carrier. The Eligible Cardholder must use Due Diligence to protect, save and recover Personal Property at all times

What Company pays	Sum Insured	Per Occurrence Limit (INR)	Annual Aggregate Limit (INR)	Excess of Amount, if any
<p>This coverage pays the difference between the value of the amount claimed and the payments from the Rideshare carrier, the Authorized Rideshare Company, if any. The value of the amount claimed will be the lesser of the following:</p> <ol style="list-style-type: none"> the actual purchase price of the item; or the actual cash value of Personal Property, when lost or stolen; or the cost to replace the item. 	INR _____	INR _____	INR _____	INR _____

Premium Payment Details

Payment by: Credit Card/Debit Card/ Cheque/ Cash/ Account Transfer/ Others (Tick ✓ whichever is applicable)

Bank Name	Instrument Date	Amount (in INR)

BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RGTS) / Interbank Mobile Payment Service (IMPS) For this purpose, please submit the following details of the proposer's bank account#.

Name of the account holder: _____

Name of the bank: _____ Branch: _____

Type of Account: SB Account ☐ Current Account ☐ Others ☐ (please specify) _____

Account no. _____ Bank IFSC code: _____

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 ₹10,000

Declaration and Warranties

- We understand that the Policy shall become void ab-initio at your option, in the event of any misrepresentation, fraud or non-disclosure of any material fact in the Proposal Form/declaration or any material information having been withheld by us or anyone acting on our behalf.
- We agree that the insurance would be effective only on acceptance of this Proposal by You and the payment of requisite premium by Us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by You the policy shall be deemed cancelled "ab-initio" and You shall not be responsible for any liabilities of whatsoever nature under this policy.
- We agree and undertake to convey to You any change/alterations carried out in the risk proposed for insurance after submission of this Proposal Form.
- We consent to receive information from You through physical, electronic or telecommunication means from time to time

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 / 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:

The content of this form along with the product benefits, terms/conditions and exclusions have been clearly explained to me/Us. I/We have understood these and confirm to abide by policy terms & conditions

Signature of the Proposer: _____

Name & Signature of the 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 Tata AIG and the Proposer, if this Proposal is accepted by Tata AIG 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, Tata AIG 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 Tata AIG as null and void and all premiums paid under the Policy may be forfeited to Tata AIG.

License No. (Intermediary/Corporate Agent/Broker/Relationship Officer) _____

Name of the specified Person and code _____

Place: _____ Date: _____ Signature of Agent: _____

Prohibition of Rebate - 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 prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

Disclaimer:

Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.

Section 64 VB of Insurance Act

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

Signature of Proposer with Official Seal: _____

RIDESHARE POLICY

UIN: IRDAN108CP0002V01202122

Proposal Form No : _____

Acknowledgement for Proposal

Please retain this counterfoil for your records (On behalf of Tata AIG General Insurance Company Limited)

We acknowledge the receipt of payment of ₹ _____ vide _____ from _____.

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. Tata AIG General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of Policy shall be subject to receipt of completed proposal form, premium payment and underwriting decision of the Company

Signature of the Representative: _____ Name of the Representative: _____

You are requested to visit The Company's website www.tataaig.com for Policy Wordings.

Tata AIG General Insurance Company Limited

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