

# Bundled Auto Secure – Private Car Policy (1 Year Term for Own Damage and 3 Years for Third Party)

## Proposal Form (FOR NEW VEHICLES ONLY)



WITH YOU ALWAYS

Proposal No. \_\_\_\_\_

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act, 1988.

A(I). Personal Details of Proposer / Owner (In capital letters)

### Personal Details

- 1a. Proposer's (Owner's) full name \_\_\_\_\_
- 1b. Insured's PAN card number \_\_\_\_\_ In the absence of PAN Card, please give details of any other authorized photo identification card.
- Card Type \_\_\_\_\_ Number : \_\_\_\_\_
- Sources of funds (please ✓ where applicable) Salary ☐ Business ☐ Other (Please specify) \_\_\_\_\_
2. Date of Birth\*: 

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

 Sex: ☐ M ☐ F
3. Educational Qualification: \_\_\_\_\_ Martial Status: ☐ Married ☐ Single
4. Address (where the vehicles is normally kept) \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_ PIN: \_\_\_\_\_
- Phone \_\_\_\_\_ Fax: \_\_\_\_\_
- Mobile \_\_\_\_\_ Email: \_\_\_\_\_
5. Occupation / Business \_\_\_\_\_
6. Type of cover 1 Year Term for Own Damage and 3 Years for Third Party
7. Period of Insurance for Own Damage Cover From \_\_\_\_\_ Hrs on 

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

 To \_\_\_\_\_ Hrs on 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
- Period of Insurance for Third Party Liability Cover From \_\_\_\_\_ Hrs on 

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

 To \_\_\_\_\_ Hrs on 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
8. Number of Years of holding driving license \_\_\_\_\_ Year/s
9. The number of family members of the proposer eligible for Driving License \_\_\_\_\_
10. CIBIL Score of the Proposer \_\_\_\_\_
11. GSTIN \_\_\_\_\_
12. Aadhar No. \_\_\_\_\_
13. PUC Certificate No. \_\_\_\_\_ PUC Expiry date 

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

A(II). Vehicle Details

### Vehicle Specifications

14. Vehicle Type : Indigenous ☐ Imported ☐
15. Registration number of the vehicle \_\_\_\_\_
16. Date of registration of the vehicle \_\_\_\_\_
17. Registering authority & location \_\_\_\_\_
18. Year of manufacture \_\_\_\_\_
19. Motor Engine Number \_\_\_\_\_
20. Chassis number \_\_\_\_\_
21. Battery Value \_\_\_\_\_
22. Make of the vehicle \_\_\_\_\_
23. Model \_\_\_\_\_
24. Type of body \_\_\_\_\_
25. Cubic Capacity of the vehicle \_\_\_\_\_
26. Power KW \_\_\_\_\_
27. Seating Capacity including driver \_\_\_\_\_
28. Type of Road where vehicle would normally ply: Hilly ☐ National / State highways ☐ City/Town Roads ☐ District Road ☐ Others ☐
29. Whether the vehicle is driven by non-conventional source of power If 'YES', please give details ☐ Bi-Fuel ☐ CNG ☐ LPG ☐ Battery
30. Whether the use of vehicle is limited to own premises ? ☐ Yes ☐ No
31. Whether the vehicle is used for commercial purpose ? ☐ Yes ☐ No
32. Whether the vehicle is used for driving tuitions ? (GR-44) ☐ Yes ☐ No

## 33. Details of Hire Purchase / Hypothecation / Lease

(IMT-5)

a) Is the vehicle proposed for insurance is :

(i) Under Hire Purchase ?

☐ Yes☐ No

(ii) Under Lease Agreement ?

☐ Yes☐ No

(iii) Under Hypothecation ?

☐ Yes☐ No

b) If 'YES', give name and address of concerned party / parties :

34. No. of batteries \_\_\_\_\_

35. Battery no of each battery \_\_\_\_\_

36. Cost of battery \_\_\_\_\_

37. Is battery provided by Manufacturer

☐ Yes☐ No

38. Is battery part of ex-showroom price of the vehicle

☐ Yes☐ No

39. If no, Name of battery manufacturer \_\_\_\_\_

40. No. of charger provided with the vehicle \_\_\_\_\_

41. Charger No. \_\_\_\_\_

**IMPORTANT NOTE: Insured's Declared Value (IDV) and Schedule of Depreciation for Arriving at IDV**

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.

**Age of the Vehicle****% of Depreciation**

Not exceeding 6 months

5%

Exceeding 6 months but

15%

not exceeding 1 year

20%

Exceeding 1 year but

30%

not exceeding 2 years

40%

Exceeding 2 years but

50%

not exceeding 3 years

Exceeding 3 years but

not exceeding 4 years

Exceeding 4 years but/

not exceeding 5 years

**43. 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:

Electrical Accessories (Other than factory fitted)

**Stereo****AC****Others**

Make

Model

Year

IDV (Rs.)

CNG/LPG kit (Not provided by manufactures)

Total IDV.

**44. Has any Insurance Company ever\*:**

Declined your Proposal

☐

Required an increase in Premium / loading %

☐

Cancelled or Refused Renewal

☐

Imposed Special Conditions or Excess

☐**A(III). Liability Section : Coverage****Third Party Risks: Death / Bodily Injury**

45. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of :

(i) Owner Driver only

☐ Yes☐ No

(ii) Any person other than Paid Driver

☐ Yes☐ No

If 'YES', give details of such other persons

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Note:** 1. Section 146 of Motor Vehicles Act, 1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver.

2. As per Section 147 (2) (a) The liability is 'as incurred' in the case of death / bodily injury of a third party

**Third Party Risks: TPPD (IMT-20)**

46. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs.6000/- only ?

☐ Yes☐ No(For additional TPPD limits, please see **Q. No. 34**)

**Third Party Risks: Liability to 'Workmen' under W.C. Act, 1923 (Compulsorily to be covered by M.V. Act, 1988)**

47. Legal liability to persons employed in connection with operation of the vehicle who are Workmen. (The liability of the employer under the Workmen's Compensation Act, 1923 is covered under the Motor Vehicles Act, 1988.)

1. Drives (No. of persons: \_\_\_\_\_)
2. Employees (Workmen) (No. of persons: \_\_\_\_\_)

(Note: The Motor Vehicles Act, 1988 under Sec. 147(1)(ii)(i) covers liability to employees who are Workmen within the meaning of the Workmen's Compensation Act, 1923.) (For additional coverage, please refer to **Q. No. 35**)

**B. Questions that provide additional covers as per IMT Endorsements****Additional TPPD (GR-39)**

48. The Policy provides additional Third Party Property Damage liability limits Rs.7,50,000/- for Private Car.  
Do you wish to cover the additional limit ? (**Refer to Q. No. 32**)

☐ Yes ☐ No

**Additional Liability to Workmen (IMT-28)**

49. Do you wish to cover wider legal liability to employees who are 'Workmen' ? [This information is sought to cover in addition to liability under the Workmen's Compensation Act, 1923, also liability under the Fatal Accidents Act, 1855 and the Common Law]

☐ Yes ☐ No

(**Note:** The additional liability under Common Law and Fatal Accidents Act in respect of employees **who are Workmen** is covered under this endorsement). (**Refer to Q. No. 33**)

**Liability to Employees who are not Workmen (IMT-29)**

50. Do you wish to cover wider legal liability to employees who are NOT 'Workmen' ?

☐ Yes ☐ No

(**Note:** The liability under Common Law and Fatal Accidents Act-1855 in respect of employees **who are not Workmen** can be covered under this endorsement).

**Personal Accidental Cover for Owner Driver**

51. Personal Accident Cover for Owner Driver is compulsory in the Liability Only cover. 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 : \_\_\_\_\_

☐ ☐ Yrs

- Note:** 1. Personal Accident cover for Owner Driver is compulsory for Rs.15,00,000/- for Private Cars.  
2. Compulsory Personal Accident 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 driving license.

**Personal Accident Cover for Named Occupants (IMT-15)**

52. Do you wish to include Personal Accident cover for named persons ?

☐ Yes ☐ No

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 Lakhs in the case of Private Cars)

**Personal Accident Cover for Un-Named Occupants (IMT-16)**

53. Do you wish to include Personal Accident cover for un-named passengers/hirer/pillion passengers (Two Wheelers)

☐ Yes ☐ No

If YES, give number of persons and Capital Sum Insured (CSI) opted :

No. of persons: \_\_\_\_\_ C.S.I. (per person): \_\_\_\_\_

(**Note:** The maximum CSI available per person is Rs.2 Lakhs in the case of Private Cars)

**Geographical Extension (IMT-1)**

54. Whether extension of geographical area to the following countries required ?

- |               |  |              |  |
|---------------|--|--------------|--|
| 1. Bangladesh | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Bhutan    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Maldives   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Nepal     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Pakistan   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Sri Lanka | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(**Note:** Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

## Section C

55. **Restriction of Cover/Discounts/Concessions (Please tick✓)**

Name of Automobile Association:

Expiry Date:

D

D

M

M

Y

Y

Y

Y

Membership No.:

Voluntary Deductible chosen over and above Compulsory deductible

- ☐ In case of Private Car, Options available are (In multiple of Rs.500):  
☐ Rs.2500/-   ☐ Rs.5000/-   ☐ Rs.7500/-   ☐ Rs.15000/-  
☐ 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.   ☐ Vintage Car certified by Vintage and Classic Car Club of India.

56. **Extended Covers:**

- ☐ Imported vehicle without payment of customs duty. ☐ Vehicle driven by non-conventional source of power details.

**57. Add on Covers - Private Car (You may opt for these covers either form bundled options or individual covers)**

- ☐ Gold ☐ Pearl ☐ Pearl Plus ☐ Titanium ☐ Platinum ☐ Sapphire ☐ Sapphire Plus

• Repair of Glass, Fibre, Plastic & Rubber Parts	• Gold	• Gold	• Gold	• Gold	• Gold	• Gold
• Loss of Personal Belongings	• Depreciation reimbursement	• Depreciation reimbursement	• Depreciation reimbursement	• Depreciation reimbursement	• Depreciation reimbursement	• Depreciation reimbursement
• Emergency Transport & Hotel Expenses		• Engine Secure – with deductible	• Daily Allowance	• Daily Allowance	• Consumable Expenses	• Consumable Expenses
• Key Replacement		• Consumable Expenses		• Return to invoice	• Tyre Secure – Full Replacement Basis	• Tyre Secure – Full Replacement Basis
• Road Side Assistance						• Engine Secure – with deductible

## 58. Individual Covers

- ☐ 1. Depreciation Reimbursement - IRDAN108RP0006V02201819/A0029V01201819
  - ☐ 2. Daily Allowance - IRDAN108RP0006V02201819/A0030V01201819
  - ☐ 3. Return to Invoice - IRDAN108RP0006V02201819/A0031V02201819
  - ☐ 4. No Claim Bonus Protection - IRDAN108RP0006V02201819/A0032V01201819  
(Eligibility: Minimum 25% Bonus and no claim in previous 2 years)
  - ☐ 5. Repairs of Glass, Fibre, Plastic & Rubber Parts - IRDAN108RP0006V02201819/A0033V01201819
  - ☐ 6. Loss of Personal Belongings - IRDAN108RP0006V02201819/A0034V01201819  
☐ 6(a) Rs.10,000   ☐ 6(b) Rs.50,000   ☐ 6(c) Any other
  - ☐ 7. Emergency Transport & Hotel Expenses - IRDAN108RP0006V02201819/A0035V01201819  
☐ (7a) Rs.10,000   ☐ (7b) Rs.50,000   ☐ (7c) Any other
  - ☐ 8. Key Replacement - IRDAN108RP0006V02201819/A0036V01201819  
☐ (8a) Rs.25,000   ☐ (8b) Rs.65,000
  - ☐ 9. Engine Secure - IRDAN108RP0006V02201819/A0038V01201819  
☐ (9a) With deductible   ☐ (9b) Without deductible
  - ☐ 10. Tyre Secure - IRDAN108RP0006V02201819/A0039V01201819  
☐ (10a) Depreciation Basis   ☐ (10b) Full Replacement Basis
  - ☐ 11. Consumable Expenses - IRDAN108RP0006V02201819/A0040V01201819
  - ☐ 12. Road Side Assistance - IRDAN108RP0006V02201819/A0041V01201819
  - ☐ 13. Additional Third Party Property Damage Cover (In multiple of INR 50,000/-) Rs. \_\_\_\_\_ (minimum Rs. 1,00,000/- & maximum Rs. 25,00,000/-)
  - ☐ 14. Emergency medical expenses  
IRDAN108RP0006V01201819/A0014V01202021  
(In multiple of Rs. 5,000/-) Rs. \_\_\_\_\_  
(minimum Rs. 25,000/- & maximum Rs. 1,00,000/-)
  - ☐ 15. Additional Towing Charges  
IRDAN108RP0006V01201819/A0015V01202021  
(In multiple of Rs. 5,000/-) Rs. \_\_\_\_\_  
(minimum Rs. 5,000/- & maximum Rs. 50,000/-)
  - ☐ 16. Vehicle Loan Protector  
IRDAN108RP0006V02201819/A0018V01202122
  - ☐ 17. Misfuelling - IRDAN108RP0006V01201819/A0017V01202021
  - ☐ 18. Electric Surge Secure -  
IRDAN108RP0006V02201819/A0013V01202223
  - ☐ 19. Depreciation Reimbursement - Battery -  
IRDAN108RP0006V02201819/A0014V01202223  
No. of claims \_\_\_\_\_  
a) with deductible b) without deductible

### Driver Details

### 59. Details of the Driver :

- |    |   |                                  |     |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      |                          |     |                          |    |  |  |
|----|---|----------------------------------|-----|----------------------|----------------------|-----|-----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|-----|--------------------------|----|--|--|
| a. | Age & Date of Birth of the Owner  | :                                | Age | <input type="text"/> | <input type="text"/> | Yrs | DOB | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     |     |                          |    |  |  |
| b. | Age & Date of Birth of the Driver   | :                                | Age | <input type="text"/> | <input type="text"/> | Yrs | DOB | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     |     |                          |    |  |  |
| c. | Does the driver suffer from defective vision or hearing or any physical infirmity ? |                                  |     |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |  |  |
|    | If YES, please give details of such infirmity                                       |                                  |     |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      | :                        |     |                          |    |  |  |
| d. | Has the driver ever been involved / convicted for causing any accident or loss ?    |                                  |     |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |  |  |
|    | If YES, give details as under including the pending prosecutions                    |                                  |     |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      |                          |     |                          |    |  |  |
|    | —   | Driver's Name                    | :   |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      |                          |     |                          |    |  |  |
|    | —   | Date of Accident                 | :   |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      |                          |     |                          |    |  |  |
|    | —   | Loss / Cost (Rs.)                | :   |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      |                          |     |                          |    |  |  |
|    | —   | Circumstances of Accident / Loss | :   |                      |                      |     |     |                      |                      |                      |                      |                      |                      |                      |                      |                          |     |                          |    |  |  |

Premium paid by cash / Cheque No. \_\_\_\_\_ Date 

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

 Amount (Rs.) \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

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

## 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.

## 60. 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: \_\_\_\_\_

## Declaration by the Insured

I / We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and the Tata AIG General Insurance Company Ltd.

I / We also declare that if any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

I/We agree to receive 'Certificate of Insurance and Policy Schedule' only and shall access the policy terms, conditions and exclusions on the company's website.

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.

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 authorise the Company to do the same for the purpose of underwriting / servicing the policy.

Signature of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_ Code: \_\_\_\_\_ has

## 61. 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 understood and confirmed the same.

Signature/Thumb impression of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

## 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 :	<input type="checkbox"/> SB Account					<input type="checkbox"/> Current Account					<input type="checkbox"/> 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.10000

## Specified Person Details

SP Certificate No

SP Name

SP Signature

## 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.

**Note:** Denial of 'Third Party Liability Only Cover' by insurer, for reasons other than fraud / misrepresentation by proposer, will entail regulatory action.

**Disclaimer:** Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions, please read sales brochure/Policy Wording 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 Email: customersupport@tataaig.com Website: www.tataaig.com  
IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425 UIN:IRDAN108RP0006V02201819