5 Years Standalone Third Party Long Term Two Wheeler Insurance Policy

Proposal Form



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)

Pe	rsonal 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		Othe	er (Please	e specify) .				
2.	Address (where the vehicles is normally kept)											
	(City										
		State					PIN:					
		Phone					Fax:					
		Mobile					Email	:				
3.	Occupation / Business											
4.	Type of cover	Liability On	ly Policy									
5.	Period of Insurance	From	Hrs on	D D M M	YYY	Y Y To		Hrs on D	DM	I M Y	ΥY	Y
	GSTIN :			-								
	Aadhaar No.											
	PUC Certificate No.					PUC Expi	ry date			Ι Μ Υ		
	I). Vehicle Details											
Ve	hicle Specifications											
6.	Registration number of the veh	icle										
7.	Date of registration of the vehic	le										
8.	Registering authority & location	1										
9.	Year of manufacture											
10.	Engine number											
11.	Chasis number											
12.	Make of the vehicle											
13.	Model											
14.	Type of body											
15.	Cubic Capacity of the vehicle											
16.	Seating Capacity including driv	er										
17.	Whether the vehicle is driven by	y non-conven	itional sou	rce of power				Bi-Fue		CNG		LPG
	If 'YES', please give details											
18.	Whether the use of vehicle is lin	mited to own	premises '	?						Yes		No
19.	Whether the vehicle is used for	commercial	ourpose ?							Yes		No
20.	Whether the vehicle is used for	driving tuition	ns ? (GR-4	14)						Yes		No
21.	Details of Hire Purchase / Hypo								(IMT	-5)		
	a) Is the vehicle proposed for		:							Vaa		No
	(i) Under Hire Purchase ?(ii) Under Lease Agreeme									Yes		No
	(iii) Under Hypothecation									Yes		No
	b) If 'YES', give name and ad		erned part	ty / parties :						Yes		No

A(III). Liability Section : Coverage

Third Party Risks: Death / Bodily Injury

Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of 22

22.	Coverage for hability against minu Party Risks (Dealth of Doully 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	110							
	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 								
Thi	rd Party Risks: TPPD (IMT-20)								
23.	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only ?								
	(For additional TPPD limits, please see Q. No. 25)	No							
_									
Thi	rd Party Risks: Liability to 'Workmen' under W.C. Act, 1923 (Compulsorily to be covered by M.V. Act, 1988)								
24.	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. Drivers (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. 26)								
В.	Questions that provide additional covers as per IMT Endorsements								
Add	ditional TPPD (GR-39)								
25.	The Policy provides additional Third Party Property Damage liability limits of Rs.1,00,000/-	No							
20.	for Two Wheelers. Do you wish to cover the additional limit ? (Refer to Q. No. 23)								
Add	ditional Liability to Workmen (IMT-28)								
26.	Do you wish to cover wider legal liability to employees who are 'Workmen' ?	No							
	[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]								
	(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. 24)								
Lial	bility to Employees who are not Workmen (IMT-29)								
27.	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).								
Per	rsonal Accidental Cover for Owner Driver								
28.	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 :	Yrs							
	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.15,00,000/- for Two Wheeler.

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.

Persona	al Accident Cover for Named Occupants (IMT-15)							
	you wish to include Personal Accident cover for na YES, give name and Capital Sum Insured (CSI) opte	Yes No						
Na	ime	CSI Opted (Rs.)	Nominee	Relationship				
1)								
2)								
3)								
(N	ote: The maximum CSI available per person is Rs.	1 Lakh in the case of Motori	zed Two Wheelers)					
	al Accident Cover for Un Named Occupants (IMT 16	2)						
Do	al Accident Cover for Un-Named Occupants (IMT-16 you wish to include Personal Accident cover for un ion passengers (Two Wheelers)	Yes No						
lf Y	(ES, give number of persons and Capital Sum Insur	ed (CSI) opted :						
No	o. of persons:	rson):						
(N	(Note: The maximum CSI available per person Rs.1 Lakh in the case of Motorized Two Wheelers)							
eogra	phical Extension (IMT-1)							
Wł	nether extension of geographical area to the followir	ng countries required ?						
1.	Bangladesh Yes No	2.	Bhutan	Yes No				
3.	Maldives Yes No	4.	Nepal	Yes No				
5.	Pakistan Yes No	6.	Sri Lanka	Yes No				
	(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)							
	Questions that are elicited for information and data	a collection purposes						
	s History							
а.				DMMYYYY				
b.	Whether the vehicle was new or second hand at the	ne time of purchase ?		New / Second hand				
C.	Will the vehicle be used exclusively for							
	(i) Private, Social, Domestic, Pleasure & Profess		Yes No					
	(ii) Carriage of goods other than samples or perso		Yes No					
d.	Is the vehicle is in good condition ?		Yes No					
	If no, please give details :							
e.								
f.	f. Previous policy number :							
g.	Period of insurance :	From						
h.	Claims lodged during the preceding 3 years :	DDMMYY	Y Y Y D	DMMYYYY				
	Year	No. of Claim(s)	Clain	n(s) Amount (Rs.)				
	Details							
	tails of the Driver : Age & Date of Birth of the Owner :	Age Yrs	DOB	D D M M Y Y Y Y				
b.	Age & Date of Birth of the Driver :	Age Yrs	DOB					
C.	Does the driver suffer from defective vision or hea If YES, please give details of such infirmity :			Yes No				
d.	Has the driver ever been involved / convicted for c If YES, give details as under including the pending prosecutions :	causing any accident or loss	?	Yes No				
	– 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

- 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 1. 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 2 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.

Agent Declaration:

(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:

Signature of Agent: _

Code:

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.

Signature of the Proposer:

Name & Signature of agent/intermediary: _

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

Date:_

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:

Bank Details*

Barine Botalio								
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.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								

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.

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 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 24×7 Toll Free No: 1800 266 7780 Email: customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425 UIN: IRDAN108RP0002V02201819