

21. Insured's Declared Value (IDV)*:			Amount (Rs.)
Vehicle Value			<div></div>
Side Car Value			<div></div>
Non-Electrical Accessories (Other than factory fitted)			<div></div>
Details:			
Electrical Accessories (Other than factory fitted)			
	<div>Stereo</div>	<div>AC</div>	<div>Others</div>
Make			
Model			
Year			
IDV (Rs.)			<div></div>
CNG/LPG kit (Not provided by manufacturers)			<div></div>
Total IDV.			<div></div>

22. Previous Insurance Particulars*: (Attach Expiring Policy Copy with Schedule as Proof of Insurance)																			
Is the previous insurance in your name?	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Type of Cover:	Act Policy <input type="checkbox"/> Package <input type="checkbox"/> Bundled <input type="checkbox"/>																		
Expiring Policy Number:	<div></div>																		
	Expiry date of Own Damage Cover <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																		
	Expiry date of Third Party Cover <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																		
NCB in your expiring policy	<div></div> <div></div> %																		
Previous Insurer:	<div></div> Branch																		
Address	<div></div>																		
	<div></div>																		
	<div></div>																		
Was any claim reported during the expiring policy period?	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Claim reported in Last 5 Years:																			
	<table><thead><tr><th>Year</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th></tr></thead><tbody><tr><td>No. of Claims</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Amount</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Year	1	2	3	4	5	No. of Claims						Amount					
Year	1	2	3	4	5														
No. of Claims																			
Amount																			
Are you entitled for NCB on renewal? (Refer NCB Declaration)	Yes <input type="checkbox"/> No <input type="checkbox"/> <div></div> <div></div> %																		

23. Has any Insurance Company ever*:	
Declined your Proposal	<input type="checkbox"/> Required an increase in Premium / loading % <input type="checkbox"/>
Cancelled or Refused Renewal	<input type="checkbox"/> Imposed Special Conditions or Excess <input type="checkbox"/>

24. Period of Insurance:	
Desired from*	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
To midnight of*	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Note: Cover will commence not earlier than the Date & Time of Acceptance of Risk subsequent to payment of premium	

25. Main Driver Details:	
Self <input type="checkbox"/>	Driving Experience* Years <div></div> <div></div>
Paid Driver <input type="checkbox"/>	Name <div></div>
Any Other <input type="checkbox"/>	Age: Years <div></div> <div></div> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Educational Qualification <div></div>
	Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/> Driver Experience*: Years <div></div> <div></div>
Does the driver suffer from defective vision or hearing or any physical infirmity ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the driver ever been involved / convicted for causing any accident or loss ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

26. Financier's Details:	
Name	<div></div>
Hypothecation <input type="checkbox"/>	Hire Purchase <input type="checkbox"/> Lease <input type="checkbox"/>
Contract/Loan Application No.	<div></div>

27. Restriction of Cover/Discounts/Concessions (Please tick ✓)	
Name of Automobile Association:	
Membership No.:	<div></div>
	Expiry Date: <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<input type="checkbox"/> Voluntary Deductible chosen over and above Compulsory deductible	
Options available are:	
<input type="checkbox"/> Rs 500/-	<input type="checkbox"/> Rs 1000/-
<input type="checkbox"/> Rs 1500/-	<input type="checkbox"/> Rs 2000/-
<input type="checkbox"/> Rs 2500/-	<input type="checkbox"/> Rs 3000/-
<input type="checkbox"/> Rs 3500/-	<input type="checkbox"/> Rs 4000/-
<input type="checkbox"/> Rs 5000/-	
<input type="checkbox"/> Vehicle is Specially designed for use of Blind/Handicapped/Mentally Challenged Person and endorsed in Registration Certificate. (Attach RC copy)	
<input type="checkbox"/> Vehicle will be used within own premises (Only if not licensed for generla road use by RTO)	
<input type="checkbox"/> Vehicle is fitted with Anti Theft device approved by ARAI (Attach installation certificate issued by any Automobile Association)	
<input type="checkbox"/> Vehicle is fitted with a Fibre Glass Fuel Tank.	<input type="checkbox"/> Vehicle will be used for Driving Tuitions.

28. Extended Covers:

- ☐ Imported vehicle without payment of customers duty
- ☐ Extension to Countries (Bangladesh/Nepal/Bhutan/Pakistan/Maldives/Sri Lanka)
- ☐ Vehicle driven by non-conventional source of power. Details.

29. Auto Secure Standalone Own Damage Two Wheeler Policy - Add on covers

- ☐ Depreciation Allowance - IRDAN108RP0002V01201920/A0017V02201920

☐ Return to Invoice - IRDAN108RP0002V01201920/A0016V01201920

☐ Consumable Expenses - IRDAN108RP0002V01201920/A0019V01201920

☐ Emergency Medical Expenses - IRDAN108RP0002V01201920/A0020V01201920
(In multiple of Rs. 5,000/-) Rs. (minimum Rs. 25,000/- & maximum Rs. 1,00,000/-)

☐ Road Side Assistance - IRDAN108RP0002V01201920/A0023V01201920
(Imp: Please Choose an option. If nothing is chosen only Taxi / Hotel arrangement support will be provided without any payment)
Continuation/Return Journey (with Additional Premium):
1500/- 2000/- 2500/-

☐ Engine Secure - IRDAN108RP0002V01201920/A0004V01202324
No. of claims
- ☐ Electric Surge Secure - IRDAN108RP0002V01201920/A0005V01202223

☐ Depreciation Allowance - Battery - IRDAN108RP0002V01201920/A0006V01202223
No. of Claims
a) with deductible b) without deductible

Hotel Accommodation: (with Additional Premium):
2500/- 3500/- 5000/-

30. 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 / Form 60 if applicable

Card Type Number :

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.

- 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/W e 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 and exclusions on the company's website.

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.

No Claim Bonus* (if NCB confirmation is not submitted but NCB claimed.) (Strike off whatever 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 Own Damage Section 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 :

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. 10,000

Specified Person Details

SP Certificate No	SP Name	SP Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhaar Card No. of POSP	PAN No. of POSP	
<input type="text"/>	<input type="text"/>	

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)	<input type="text"/>
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.

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"/>	<input type="checkbox"/> Receipt Copy
Producer Name _____	<input type="checkbox"/> Expiring Policy with Schedule
Cash/Cheque No. <input type="text"/>	<input type="checkbox"/> Renewal Notice
Cheque Date <input type="text"/>	<input type="checkbox"/> Sale proof (RC Copy/Form – 29 & 30)
Fleet/Corporate/ Branch Approval No. <input type="text"/>	<input type="checkbox"/> NCB Reserving (Original)
PREMIUM (Rs.) <input type="text"/>	<input type="checkbox"/> Payment Instrument
Business of : <input type="checkbox"/> Rural <input type="checkbox"/> Social <input type="checkbox"/> Other	<input type="checkbox"/> Inspection Report
Producer's Sign* _____	<input type="checkbox"/> Anti theft device AAI Certificate
	<input type="checkbox"/> Others _____
	Branch: _____
	Operation Executive Sign & Date _____

Sourcing Branch Address: _____

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure/Policy Wording 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 or 1800 22 9966 (For Senior Citizens) Email: customersupport@tataaig.com Website: www.tataaig.com
IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425
Auto Secure – Standalone Own Damage Two Wheeler Policy - UIN: IRDAN108RP0002V01201920