

Auto Secure Compulsory Personal Accident (Owner - Driver) - Motor Insurance Policies Proposal Form



WITH YOU ALWAYS

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 received by Tata AIG General Insurance Company Limited)

Personal Details (In block letters) **Proposal No.**

Name of the Insured First Name Middle Name Last Name

Address

City

State Pin Code

Tel. (O) Fax

Mobile E-Mail

Personal Information (Please tick where applicable)

Date of birth:

Sex: Male Female

Occupation: Service Self employed

Marital Status: Married Single

Proposal Nominee Details:

| Sr. No. | Name of the Nominee | Date of Birth | Relation with Proposer |
|---------|---------------------|---|------------------------|
| 1. | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

| Appointee Name | Relationship | Address of the Appointee |
|----------------|--------------|--------------------------|
| | | |

Policy details Policy Period From To

Capital Sum Insured _____ Premium _____ (including GST)

Additional Details

Details of vehicles registered in your name

| Sr. No. | Vehicle Registration No. | Make Model | YOM | Class of Vehicle (Private Car/TW/CV) |
|---------|--------------------------|------------|-----|--------------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Whether you have taken any personal accident policy, If yes, whether from 1. Tata AIG GIC 2. Others (Please specify name)

| Sr. No. | Policy No. | Insurer | Capital Sum Insured |
|---------|------------|---------|---------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Payment Details Payment Mode : Cheque / DD / Cash

Cheque / DD No. Date

Bank Name Branch

PAN Card No.

Sources of funds (please ✓ where applicable) Salary Business Other (Please specify) _____

(Payable to Tata AIG General Insurance Company Ltd.)

Date :

Place : _____ Signature of Proposer: _____

Auto Secure Compulsory Personal Accident (Owner - Driver) - Motor Insurance Policies - UIN: IRDAN108RP0087V01201819

AML Guidelines

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

- **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 Personal Accident Cover 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/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 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.

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

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.

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 Proposer _____

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: 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

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.

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings 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
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IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425

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