

# Auto Secure

## Commercial Vehicle Package Policy

## Proposal Form



Application No.:

**Note:**

(1) Please complete all sections in capitals and tick boxes wherever applicable incomplete applications will not be entertained (2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. (3) Please attach separate sheet if space is insufficient (4) Geographical area of operation: India (5) Proposed vehicle will have to be produced for inspection by our representative and all vehicle documents will have to be produced in original for our verification prior to granting of insurance cover.

**Information for fields with asterisk is mandatory**

Proposal for: ☐ New Policy ☐ Endorsement

Cover Desired: ☐ Package ☐ Package (Fire & Theft) ☐ Package (Fire Only) ☐ Package (Theft Only)

**Proposer's Details : (Please leave space between the name)**

**1. Name (Registered Owner of the Motor Vehicle)\***

Mr. Mrs. Ms. M/s. Dr.

**2. Date of Birth\* :**

D D M M Y Y Y Y

**3. Occupation :**

**Marital Status:** ☐ Married ☐ Single **Sex:** ☐ M ☐ F  
☐ Business ☐ Service ☐ Professional ☐ Others: (please specify)

**4. Address (for Communication)\* :**

City

State PIN

Tel.: (O) (R)

Mobile: E-mail

Aadhar Card No. PAN No.

**GSTIN/ UIN:**

Aadhaar No.

**5. Vehicle Details : (Including Trailer, if any, as per Registration Certificate)**

Registration Mark & No.*	Engine No.**/ Battery No.**	Chassis No**	Make*	Model*	Cubic Capacity/ Power KW

Gross Vehicle Weight (GVW)*	Licensed Carrying Capacity (Including Driver)*	Type of body*	Date of Registration*	Year of Mfg.*	RTO where vehicle is registered*

Luggage / Caravan Trailer Registration No.:

**A. \*Vehicle purchased:**

☐ Brand New ☐ Used

**B. \*Date of purchase:**

D D M M Y Y Y Y

**C. \*Vehicle Type:**

☐ Indigenous ☐ Imported

**D. \*Purpose for which vehicle will be used:**

☐ Goods carrying (Private Carrier) ☐ Goods carrying (Public Carrier)  
☐ Within own Premises ☐ Private & Commercial purposes (not for hire)  
☐ Passenger Carrying ☐ Any other - Please specify

**E. \*Type of road where vehicle would normally ply:**

☐ Hilly Road ☐ National/State Highways  
☐ City - Town Road ☐ District Road ☐ Other

**F. \*Nature of goods normally carried:**

☐ Hazardous ☐ Non-Hazardous

**G. If hazardous, give details of hazardous substance:**

**H. Anti-theft device in vehicle:**

☐ Electrical ☐ Manual ☐ Electrical & Manual ☐ None

**I. Is the vehicle fitted with Anti-theft device approved by the ARAI, Pune?**

☐ Yes ☐ No

If yes, attach Certificate of installation in the vehicle issued by Automobile Association of India.

**J. Fuel Type :**

☐ Diesel ☐ CNG / LPG ☐ Petrol ☐ Battery

**K. Whether vehicle is fitted with fibre glass tank ?**

☐ Yes ☐ No

**L. \*Type of Permit (Goods Carrying Vehicle):**

☐ National ☐ State ☐ Local ☐ Zonal ☐ Hilly Areas

**M. If National permit, specify States where vehicle would be plying**

**N. \*Type of Permit (Passenger Carrying Vehicles):**

☐ Stage Carriage ☐ Contract Carriage

**O. Vehicle will be used within own premises (Only if not licensed for general road use by RTO)**

**P. \* Is the vehicle owned / hired / leased / permitted or likely to be owned / hired / leased / permitted by state transport**

authorities for the purpose of public transport

☐ YES ☐ NO

**Q. PUC Certificate Number\***

**PUC Expiry Date\***

D D M M Y Y Y Y

R. Fitness Certificate Number\* \_\_\_\_\_ Fitness Certificate Expiry Date\* 

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

6. Number of Years of holding driving license \_\_\_\_\_ Year/s

7. The number of family members of the proposer eligible for Driving License \_\_\_\_\_

8. CIBIL Score of the proposer \_\_\_\_\_

9. Previous Insurance particulars\*:

A.	Name & Address of the Policy Issuing Office*	Policy Number*	Date of Expiry*	Type of Cover*	Claims lodged during the Preceding 5 years*		
					Year	No.	Amount

B. Are you entitled to a NO CLAIM BONUS from your previous insurer - ☐ YES ☐ NO  
if YES \_\_\_\_\_ % please attach renewal notice from previous Insurer.

10. Is the vehicle specially designed for the use by a handicapped person and / or owned by an institution exclusively engaged in service of the blind, handicapped and mentally retarded children or adults? ☐ YES ☐ NO

11. \* Insured's Declared Value

IDV Vehicle Valu (including battery)	Non-electrical accessories fitted to the vehicle*	Electrical & Electronic accessories fitted to the vehicle	Side Car (two wheeler)/ Trailer (Other)*	Value of CNG/ LPG Kit*	Total Value*
Battery Value ***					
*** - In case of battery value is not available, it will be assumed as X% of IDV					
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

**Note:** The Insured's Declared Value (IDV) of the vehicle will be deemed to be the "SUM INSURED" for the purpose of this tariff 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 commencement of insurance / renewal, and adjusted for depreciation (as per schedule specified below). 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 below 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 exceeds 75% of the IDV.

#### SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV

AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

**Note:** IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

#### Risk Exclusion / Inclusion

12. Indicate the relevant additional risks you wish to cover :

- ☐ Extension of cover to Nepal / Bhutan / Lahore / Bangladesh / Sri Lanka / Maldives (Specify) \_\_\_\_\_  
☐ Loss of accessories by Burglary, Housebreaking & Theft (Scooter only)  
☐ Deletion of IMT 21 ☐ Overturning Risk for specified misc. vehicle

13. Indicate your preference for additional legal liabilities you wish to cover / restrict :

- ☐ Limit Third Party Property Damage to Rs. 6000/-  
☐ Paid Driver / Conductor / Cleaner employed in operation of vehicle. No. of persons   
☐ Employees travelling in / driving the vehicle other than paid driver / Conductor / Cleaner No. of persons   
☐ Non-fare paying passenger No. of persons

14. Indicate your preference for Personal Accident Benefit (Max. Capital Sum Insured (CSI) per person Rs. 2,00,000/- only, in multiple of Rs. 10,000/-) to paid driver, cleaners and conductors) : No.  CSI Per person

15. ☐ \*Owner Driver Personal Accident cover (If owner has a valid driving license and has not opted this cover on any vehicle owned by him). – Not for Firms (Personal Accident Cover for Owner Driver is compulsory)

Please give details of nomination\* :

- a. Name of the Nominee & Age : \_\_\_\_\_  Yrs  
b. Relationship : \_\_\_\_\_  
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/-.

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 of where the owner-driver does not hold an effective driving licence.

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

16. Do you wish to include Personal Accident cover for named persons ? ☐ Yes ☐ No  
If YES, give name and Capital Sum Insured (CSI) opted for : (Note: The maximum CSI available per person is Rs. 2 lakhs)

Name	CSI Opted (Rs.)	Nominee*	Relationship
1)			
2)			
3)			

**Insurance Details**17. Period of Insurance Desired from\* :         to midnight of        

Note: The cover will start not earlier than the date and time of payment of premium, acceptance of risk and / or issuance of the covernote.

18. Has any Insurance company ever\*:

- ☐ Declined your proposal ☐ Cancelled or refused to renew  
☐ Required an increase in premium ☐ Imposed special conditions or excess

19. Is the vehicle proposed for insurance under:

- ☐ Hire purchase Agreement Name of Financier : \_\_\_\_\_  
☐ Hypothecation Agreement Address \_\_\_\_\_  
☐ Lease Agreement City \_\_\_\_\_ Pin Code \_\_\_\_\_

**Driver Details**20. Indicate the driver who normally drives the vehicle : ☐ Self ☐ Paid driver ☐ Any other

Please provide details :

A. Driving License Number                 Issue Date :        B. Place of Issue : \_\_\_\_\_ C. Driving experience :   years  
Number of accidents, if any, in the past : \_\_\_\_\_

Driver's Name	Date of Accident	Circumstances of Accident / Claim	Loss / Cost Rs.

D. Has he / she ever been convicted ☐ YES ☐ NOE. Does the driver suffer from defective vision or hearing or any physical infirmity. ☐ YES ☐ NO

If "yes" please give details \_\_\_\_\_

Additional details to be filled in case the main driver is any person other than self. Please provide details:

a) Name                b) Sex : ☐ Male ☐ Female c) Date of Birth / Age in years        d) Martial Status : ☐ Married ☐ Singlee) Drivers' educational Qualification : ☐ Below 10th Std. ☐ 10th Std. Pass ☐ 12th Std. Pass ☐ Graduate / Post graduate**21. Commercial Vehicle Package Policy Addon Covers**

- ☐ Loss of Income ☐ Additional TPPD Cover (Cover Limit Min 50K, Max 25L, In multiple of 50K) \_\_\_\_\_  
☐ EMI Protector ☐ Emergency Medical Expenses (Cover Limit Min 25K, Max 1L, In multiple of 5K) \_\_\_\_\_  
☐ Engine Secure ☐ Loss of Personal Belongings (Cover Limit Min 10K, Max 1L, In multiple of 5K) \_\_\_\_\_  
☐ Tyre Secure (Applicable for PCV only) ☐ Key Replacement (Cover Limit Min 10K, Max 1L, In multiple of 5K) \_\_\_\_\_  
☐ Consumable Expenses ☐ Emergency Transport and Hotel Expenses (Cover Limit Min 10K, Max 50K, In multiple of 5K) \_\_\_\_\_  
☐ Road Side Assistance ☐ Additional Personal Accident Cover to Owner Driver (Cover Limit Min 15L, Max 40L, in multiples of 1L) \_\_\_\_\_  
☐ Depreciation Re-imbursment ☐ Additional Personal Accident Cover to Employee of the Insured, Driver and Unnamed Passengers (Cover Limit Min 2L, Max 25L, In multiple of 1L) \_\_\_\_\_  
☐ Return To Invoice ☐ Additional Towing Charges (Cover Limit Max 50K, In multiple of 5K) \_\_\_\_\_  
☐ Additional Transportation Expenses  
☐ Repair of Glass, Fiber, Plastic & Rubber Parts  
☐ No Claim Bonus Protection Cover  
☐ Loss of equipments / goods (For Private Carrier Only)

22. Please attach the following documents (Please produce the originals for verification along with this proposal form):

- Copy of Registration Certificate ☐  
• Copy of expiring insurance policy ☐ • Copy of Renewal Notice / NCB Certificate ☐

23. Any other material facts relevant for this insurance : \_\_\_\_\_

Premium paid by cash / Cheque No. \_\_\_\_\_ Date         Amount (Rs.) \_\_\_\_\_

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

Insured's PAN / Form 60 if applicable        Card Type \_\_\_\_\_ Number :        Sources of funds (please ✓ where applicable) : ☐ Salary ☐ Business Other (Please specify) \_\_\_\_\_**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.

**Declaration:** "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 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 converted 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 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.

\*I/We agree to receive "Certificate of Insurance and Policy Schedule" only and shall access the policy terms and conditions & exclusions on company's website:

\*Declaration for No Claim Bonus (If NCB confirmation is not submitted but NCB claimed) (Strike off if 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 Section-1 of the Policy will stand forfeited.

Place : \_\_\_\_\_

Signature and Seal of the Financier

Date 

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

Signature of the Registered Owner of the vehicle\*

#### For Producer's use only

Producer Code : \_\_\_\_\_

Producer Name : \_\_\_\_\_

Cover Note No. \_\_\_\_\_

Date \_\_\_\_\_ Premium Rs. \_\_\_\_\_

Cheque No. \_\_\_\_\_ Bank: \_\_\_\_\_

Date \_\_\_\_\_

Vehicle rated under Zone-A ☐ Business of Rural ☐

Zone-B ☐ Social Sector ☐

Zone-C ☐

Producer's Signature \_\_\_\_\_

#### 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

#### Specified Person Details

SP Certificate No	SP Name	SP Signature
_____	_____	_____

Aadhaar Card No. of POSP \_\_\_\_\_ PAN No. of POSP \_\_\_\_\_

#### 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)	_____
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.

**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.

**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.

## 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 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA OF INDIA No: 108 CIN:U85110MH2000PLC128425

R1/RN/MRCV/Feb 24

• Auto Secure - Commercial Vehicle Package Policy - Goods Carrying Vehicle - IRDAN108RP005V02201819 • Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle - IRDAN108RP007V02201819  
• Auto Secure - Commercial Vehicle Package Policy - Miscellaneous & Special Type of Vehicles - IRDAN108RP0078V01201819