Auto Secure -Liability Only Policy (For Private Cars / Two Wheelers)

Proposal Form



Proposal No. A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act, 1988. Personal Details of Proposer / Owner (In capital letters) A(I). ersonal details 1a. Proposer's (Owner's) full name In the absence of PAN Card, please give details of any other authorized 1b. Insured's PAN card number photo identification card. Card Type Number: Sources of funds Other (Please specify) Salary **Business** (please ✓ where applicable) Address (where the vehicles is normally kept) City PIN: State Phone Fax: Mobile Email: 3. Occupation / Business Liability Only Policy Type of cover Period of Insurance From ____ Hrs on D D M M Y To_ Hrs on D D M M GST IN/UIN: _ A(II). Vehicle Details Vehicle Specifications Registration number of the vehicle 6. 7. Date of registration of the vehicle 8. Registering authority & location 9. Year of manufacture Engine number 10. Chasis number 11. 12. Make of the vehicle Model 13. 14. Type of body 15. Cubic Capacity of the vehicle Seating Capacity including driver 16. Bi-Fuel LPG 17. Whether the vehicle is driven by non-conventional source of power **CNG** If 'YES', please give details Yes No 18. Whether the use of vehicle is limited to own premises? 19. Whether the vehicle is used for commercial purpose? Yes No Whether the vehicle is used for driving tuitions? (GR-44) Yes 20. No (IMT-5) 21. **Details of Hire Purchase / Hypothecation / Lease** Is the vehicle proposed for insurance is: (i) Under Hire Purchase? Yes No (ii) Under Lease Agreement? Yes No (iii) Under Hypothecation? No Yes b) If 'YES', give name and address of concerned party / parties :

Гhird Party Risks: Death / Bodily Injury 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) 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. 25) 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.) Drivers (No. of persons: (No. of persons: 2. Employees (Workmen) (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) B. Questions that provide additional covers as per IMT Endorsements No Yes The Policy provides additional Third Party Property Damage liability limits of Rs. 1,00,000/for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. Do you wish to cover the additional limit? (Refer to Q. No. 23) ditional Liability to Workmen (IMT-28) Do you wish to cover wider legal liability to employees who are 'Workmen'? Yes 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) Liability to Employees who are not Workmen (IMT-29) Do you wish to cover wider legal liability to employees who are NOT 'Workmen'? No Yes (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 Personal Accident Cover for Owner Driver is compulsory in the Liability Only cover. Please give details of nomination: 28. Name of the Nominee & Age Yrs Relationship b. Name of the Appointee (If Nominee is a Minor) Relationship to the Nominee 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 1,00,000/- for Two Wheeler and Note: Rs. 2,00,000/- 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.

A(III). Liability Section : Coverage

| 29. | Do you wish to include Personal Accident cover for named persons? If YES, give name and Capital Sum Insured (CSI) opted for : | | | | | |
|------|---|-----------------------------|---------------------|--------------------------|--|--|
| | Name | CSI Opted (Rs.) | Nominee | Relationship | | |
| | 1) | 1 , | | | | |
| | | | | | | |
| | 2) | | | | | |
| | 3) | | | | | |
| | (Note: The maximum CSI available per person is Rs. 2 Two Wheelers) | lakhs in case of Private Ca | ars and Rs. 1 Lakh | in the case of Motorized | | |
| Per | sonal Accident Cover for Un-Named Occupants (IMT-1 | 6) | | | | |
| 30. | Do you wish to include Personal Accident cover for ur pillion passengers (Two Wheelers) | n-named passengers/hirer/ | | Yes No | | |
| | If YES, give number of persons and Capital Sum Insur- | ed (CSI) opted : | | | | |
| | No. of persons: | C.S.I. (per pers | | | | |
| | (Note: The maximum CSI available per person Rs. 2 L Two Wheelers) | akhs in case of Private Car | s and Rs. 1 Lakh in | the case of Motorized | | |
| Ged | ographical Extension (IMT-1) | | | | | |
| 31. | Whether extension of geographical area to the following | ng countries required ? | | | | |
| | 1. Bangladesh Yes No | 2. | Bhutan | Yes No | | |
| | 3. Maldives Yes No | 4. | Nepal | Yes No | | |
| | 5. Pakistan Yes No | | 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) | | | | | |
| C. | Questions that are elicited for information and da | ata collection purposes | | | | |
| Pre | vious History | | | | | |
| 32. | a. Date of purchase of the vehicle by the proposer : | | [| D D M M Y Y Y Y | | |
| | 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 | | | Yes No | | |
| | (i) Private, Social, Domestic, Pleasure & Profession | · | | Yes No | | |
| | (ii) Carriage of goods other than samples or person | onal luggage ? | | | | |
| | d. Is the vehicle is in good condition? | | | Yes No | | |
| | If no, please give details : | | | | | |
| | e. Name and Address of the previous insurance com | pany : | | | | |
| | f. Previous policy number : | | | | | |
| | | rom | | | | |
| | h. Claims lodged during the preceding 3 years : | DDMMYYY | YY | D D M M Y Y Y Y | | |
| | Year | No. of Claim(s) | Clair | m(s) Amount (Rs.) | | |
| | | | | | | |
| Driv | ver Details | | | | | |
| 33. | Details of the Driver : | | | | | |
| 55. | A 6 B : 6 B! : 1 6 ! . 0 | ge V | DOB T | | | |
| | | ge Yrs | DOB | | | |
| | c. Does the driver suffer from defective vision or heal of YES, please give details of such infirmity: | | | Yes No | | |
| | d. Has the driver ever been involved / convicted for o | causing any accident or los | ss ? | | | |
| | If YES, give details as under including the pending prosecutions : _ | , | | Yes No | | |
| | - Driver's Name : _ | | | | | |
| | Date of Accident : | | | | | |
| | Loss / Cost (Rs.) | | | | | |

Circumstances of Accident / Loss :

| Davids | ue No D | Date DDMMYYYYY Amount (Rs.) | | | | |
|--|--|---|--|--|--|--|
| вапк | | Branch | | | | |
| Producer Name | | Producer Code | | | | |
| AML Guidelines | | | | | | |
| premiums are not disproport of funds and to cancel the ir | tionate to my/our income. I / w | uture will be from bonafide sources and not paid out of proceeds of crime and that suc we understand that the Company has the right to call for documents to establish source re are found guilty by any competent court of law under any of the statutes, directly collaw 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 subsequently become a Politically Exposed Person/close relative/family member/associate of Politically Exposed Persons. | | | | | |
| "Politically Exposed Persons" Rules, 2023 as amended fron | 0 0 | gned to it under Prevention of Money-Laundering (Maintenance of Records) Amendmer | | | | |
| Agent Declaration: | | | | | | |
| questions contained in this Proposal I contained herein or any details sough Company for issuance of the Policy. addendum(s), affidavits, statements, s if there has been a non-disclosure of a premiums paid under the Policy may License No.(Intermediary/Corporate A | Form to the Proposer including statherein will form the basis of the I have further explained that if ar submissions, furnished/to be furnisany material fact, the policy issued be forfeited to the company. Agent/Broker/Relationship Officer) | (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agendeclare that I have explained all the contents of this Proposal Form, including the nature of th statement(s), information and response(s) submitted by him/her in this Proposal Form to question e Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/includin nished, the Company shall have the right to vary the benefits which may be payable and further mored to his/her favor pursuant to this Proposal may be treated by the Company as null and void and a per | | | | |
| Name of the specified Person and coo | de | | | | | |
| Place: | Date: | Signature of Agent: | | | | |
| I/We agree to receive 'Certificate of Insura The content of this form along with proc policy terms & conditions. | alterations are carried out after the sub ance and Policy Schedule' only and sh duct benefits, terms/conditions and o | ubmission of this proposal form then the same would be conveyed to the Insurance Company immediately. shall access the policy terms, conditions and exclusions on the company's website. d exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the | | | | |
| Signature of the Proposer: | | | | | | |
| Name & Signature of agent/intermedian | • | | | | | |
| Vernacular Declaration (Certifica The content of this form along with proc confirmed the same. Signature/Thumb i | duct benefits, terms/conditions and ompression of the Proposer: | d exclusions have been clearly explained by me in vernacular to the proposer who has understood and | | | | |
| Name & Signature of agent/intermediary Vernacular Declaration (Certifica The content of this form along with proconfirmed the same. Signature/Thumb i Name & Signature of agent/intermediary | duct benefits, terms/conditions and ompression of the Proposer: | d exclusions have been clearly explained by me in vernacular to the proposer who has understood and | | | | |
| Vernacular Declaration (Certifica The content of this form along with prod confirmed the same. Signature/Thumb i Name & Signature of agent/intermediary | duct benefits, terms/conditions and ompression of the Proposer: | d exclusions have been clearly explained by me in vernacular to the proposer who has understood and | | | | |
| Vernacular Declaration (Certification Certification) The content of this form along with proceedings of the same. Signature/Thumb in the same of the s | duct benefits, terms/conditions and of the Proposer: /: ments ,we can effect payment of time Gross Settlement (RTGS) | d exclusions have been clearly explained by me in vernacular to the proposer who has understood and | | | | |
| Vernacular Declaration (Certification Content of this form along with proconfirmed the same. Signature/Thumb is Name & Signature of agent/intermediary Bank Details* As per the Regulatory requiremediation Funds Transfer (NEFT) / Real following details of the insured | duct benefits, terms/conditions and of the Proposer: /: ments ,we can effect payment of time Gross Settlement (RTGS) | d exclusions have been clearly explained by me in vernacular to the proposer who has understood and | | | | |
| Vernacular Declaration (Certification Certification Content of this form along with proceedings of the same. Signature/Thumb in Name & Signature of agent/intermediary Bank Details* As per the Regulatory requirem Funds Transfer (NEFT) / Real following details of the insured Name of the Account Holder: | duct benefits, terms/conditions and of the Proposer: /: ments ,we can effect payment of time Gross Settlement (RTGS) | t of refund / claims only through Electronic Clearing System (ECS) / National Electronic GS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the | | | | |
| Vernacular Declaration (Certification Content of this form along with proconfirmed the same. Signature/Thumb in Name & Signature of agent/intermediary Bank Details* As per the Regulatory requiremediated Funds Transfer (NEFT) / Real following details of the insured Name of the Account Holder: Name of the Bank | nents ,we can effect payment of Time Gross Settlement (RTGS) | t of refund / claims only through Electronic Clearing System (ECS) / National Electronic GS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the | | | | |
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| Wernacular Declaration (Certification Content of this form along with proconfirmed the same. Signature/Thumb is Name & Signature of agent/intermediary Bank Details* As per the Regulatory requirements of Transfer (NEFT) / Realfollowing details of the insured Name of the Account Holder: Name of the Bank Type of Account: Account Number: IFSC Code of Bank: | nents ,we can effect payment of time Gross Settlement (RTGS) 's bank account# | t of refund / claims only through Electronic Clearing System (ECS) / National Electronic GS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the Branch: Current Account Others (please specify) | | | | |
| Vernacular Declaration (Certification Content of this form along with proconfirmed the same. Signature/Thumb is Name & Signature of agent/intermediary Bank Details* As per the Regulatory requirements Transfer (NEFT) / Realfollowing details of the insured Name of the Account Holder: Name of the Bank Type of Account: Account Number: IFSC Code of Bank: | nents ,we can effect payment of time Gross Settlement (RTGS) bank account # | t of refund / claims only through Electronic Clearing System (ECS) / National Electronic GS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the Branch: Current Account Others (please specify) ned account then a cancelled cheque leaf of the above mentioned account is to be | | | | |
| Wernacular Declaration (Certification Content of this form along with proconfirmed the same. Signature/Thumb is Name & Signature of agent/intermediary Bank Details* As per the Regulatory requiremediate Funds Transfer (NEFT) / Real following details of the insured Name of the Account Holder: Name of the Bank Type of Account: Account Number: IFSC Code of Bank: If the premium cheque is not preceded. | nents ,we can effect payment of time Gross Settlement (RTGS) bank account # | t of refund / claims only through Electronic Clearing System (ECS) / National Electronic GS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the Branch: Current Account Others (please specify) ned account then a cancelled cheque leaf of the above mentioned account is to be | | | | |

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.

Insurance is the subject matter of the 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.