

Proposal Form



Application No.:					
Note: (1) Policy wording are available	o op roquest (2) Plasso og	mplata all agations in agnitals	and tick the bayes wherever a	policable (2) Ecilure	to disclose fasta material to t
			l. (4) Geographical area of opera		
	For Vehicle used for Soc	cial, Domestic, Pleasure and P	rofessional Purpose only (Not	for Hire or Reward)	
Cover Desired: Package	Package (Fire & Th	eft) Package (Fire only)	Package (Theft Only)		
Proposal for: New Polic	cy Endorsement				
	Information for fields	marked in bold on gery backs	round with asterisk is mandate	ory	
Proposer's Details: (Please	leave space between the r	name)			
1. Name (Registered Owner of	the Motor Vehicle)*				
Mr. / Mrs. / Ms. / M/s. / Dr.					
2. Date of Birth*:	D D M M Y	ΥΥΥΥ	Marital Status: Mar	ried Single	Sex: M F
3. Educational Qualification:					
4. Occupation:	Business	Service Profession	al Others:		(Please Speci
5. Number of Years of holding			Year/s		
6. CIBIL Score of the Proposer 7. Address					
(for Communication)*:					
			City		
	State		Pin Code		
	Tel.: (O)		(R)		
	Mobile:		E-mail		
GSTIN/ UIN:		· · · · · · · ·	Aadhaar No.		
Vehicle Details :		1			
Make*	Model*	Date of Registration*	Year of Manufacture*	RTO where v	ehicle is/will be Registered
Registration No.*	Engine N	o.**/ Battery No.**	Chassis No**		Capacity/ Seating Capacity er KW (incl. Driver)
				Pow	(inci. Driver)
		Chaurataus auto	**Last 12 Characters on		
8. Vehicle Purchased is :	Brand Nev	Characters only Used		У	
9. No of Batteries					
10. Battery no for each batter					
11. Cost of Battery					
12. Is battery provided by Mar	nufacturer ?	Yes No			
13. Is Battery part of Ex-show		? Yes No			
14. If no, Name of Battery Ma					
15. No of Charger provided w					
16. Charger No 17. Vehicle Type :	Indigenou	us Impo	rted		
18. Fuel Type :	Petrol	Diese		LPG	Others Battery
19. Type of Road where vehicl					
would normally ply :		National / State highways	City / Town Roads	District Road	Others
	Hilly				
20. PUC Certificate Number*		PUC Expiry date*	M Y Y Y Y		
				Age of the Veh	icle % of Depreciatio
IMPORTANT NOTE: Insured' The Insured's Declared Value	's Declared Value (IDV) an (IDV) of the vehicle will be	PUC Expiry date* D D M d Schedule of Depreciation for deemed to be the Sum insured	or Arriving at IDV I for the purpose of the policy	Not exceeding 6 m	nonths 5%
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Enviro Delay Cover Hols No:: Enviro	Is the previo	us insurance in your name?	Yes	No			
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Cancelled or Refused Renewal Imposed Special Canditions or Excess Period of Insurance: Desired from* Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or hearing or any physical infimity? Desired from defective vision or physical infimity? Desired from defe	Has any Insi	urance Company ever*:					
Period of Insurance: Desired from* D M M Y Y Y To midnight of* D M M Y Y Y Note: Cover will commence not earlier than the Date & Time of Acceptance of Risk subsequent to payment of premium D M M Y Y Y Main Driver Details: Setf Driving Experience* Years Period of Risk subsequent to payment of premium Main Driver Details: Name Age: Years Gender: Male Female Educational Qualification Marital Status Married Single Driver Experience*: Years No Does the driver suffer from defective vision or hearing or any physical infimity ? Yes No No Status Married Single Driver Experience*: Years No Personal Accident Cover for assaring or any physical infimity ? Yes No No Does the driver suffer from defective vision or hearing or any physical infimity ? Yes No No Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Un-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) <	Declined you	ır Proposal		Required an increa	ase in Premium	/ loading %	
Note: Cover will commence not earlier than the Date 6 Time of Acceptance of Risk subsequent to payment of premium Main Driver Details: Self Driving Experience* Years Paid Driver Age: Years Gender: Male Female Female Counter Cover (Name Age: Years) Cover Experience*: Years Age: Years Counter Cover (Name Age: Years) Cover Experience*: Years Counter Cover (Name Age: Years) No Financier's Details: Name Hypothecation Hire Purchase Lease Contract/Loan Application Unvertex Cover (Name Age: Years) Cover Experience*: Years Name Hypothecation Hire Purchase Lease Contract/Loan Application Cover (Name, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Unv-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Unv-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Name I un-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Name of the Nominee & Age Diver Extra Banefits for an additional premium (Please tick -/) Un-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Diver Extra Banefits for an additional premium (Please tick -/) Unv-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Diver Extra Banefits for Nominee & Age Diver Extra Banefits for Onver Driver is compulsory*. Please give details of nomination: a. Name of the Nominee & Age Diver Extra Banefits for Nominee is a Minori : Diver Extra Banefits for Nome Driver is compulsory for Sum Insured of Rs. 15,00,000/- for Two Wheelers. Contract/Loan Application on the advice of Nomer Driver is lacence. Do you with to include Personal Accident Cover for Sum Insured of Rs. 15,00,000/- for Two Wheelers. Do you with to include Personal A	Cancelled or	Refused Renewal		Imposed Special (Conditions or Ex	cess	
Note: Cover will commence not earlier than the Date & Time of Acceptance of Risk subsequent to payment of premium Main Driver Details: Self Driving Experience* Years Paid Driver Name Name Any Other Age: Years Gender: Male Female Educational Qualification Married Single Driver Experience*: Years Over experience*: Years Does the driver suffer from defective vision or hearing or any physical infirmity? Yess No Financier's Details: Name No No Status Married Single Driver Experience*: Years No Financier's Details: Name No No No No Status Hire Purchase Lease Contract/Loan Application No. Lease Contract/Loan Application No. Un-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. No Wider Legal Liability to Paid Driver Personal Accident Cover for Sum prover is compulsory*. Please give details of nomination: No No No a. Name of the Aponice (f Nominee is a Minor) :	Period of Ins	surance:	Desired fro	m* D D M M `	Y Y Y Y	To midnight of*	D D M M Y Y Y
Paid Driver Name Any Other Age: Years Gender: Mele Female Educational Qualification Marital Status Married Single Driver Experience*: Years Does the driver suffer from defective vision or hearing or any physical infirmity ? Yess No No Financier's Details: Vame Yess Hypothecation Hire Purchase Lease Contract/Loan Application No. Lease Contract/Loan Application No. Extra Benefits for an additional premium (Please tick /) Un-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Un-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Un-Name of the Nominee 6 Age Relationship Relationship to the Nominee is a Minor) :	Note: Cover	will commence not earlier th	nan the Date & Time of Accep	tance of Risk subseque	nt to payment o	Ģ	
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Any Other Age: Years Gender: Male Female Educational Qualification Marital Status Maritel Single Driver Experience*: Years Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No Present Status Financier's Details: Name Has the driver ever been involved / convicted for causing any accident or loss? Yes No Financier's Details: Name Hire Purchase Lease Hypothecation Hire Purchase Lease Contract/Loan Application No. Contract/Loan Application No. Contract/Loan Application No. Extra Benefits for an additional premium (Please tick /) Un-Named persons Personal Accident Cover for seating capacity, including driver (Max, Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs. Wider Legal Lability to Paid Driver Personal Accident Cover for Owner Driver is compulsory? Please give details of nomination: a. Name of the Nominee & Age c. Name of the Nominee & Age c. Name of the Nominee & Age d. Compulsory PA cover to owner Driver is compulsory for Sum Insured of Rs. 15,00,000/- for Two Wheelers. Vote: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15,00,000/- for Two Wheelers. 2. Compulsory PA cover to owner driver avhicle is owned by a company, a partnership firm or a similar body corporate or where were drive driver is compulsory for Sum Insured of Rs. 15,00,000/- for Two Wheelers. 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15,00,000/- for Two Wheelers. 2. Compulsory PA cover to owner driver avhicle is owned by a company, a partnership firm or a similar b							
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Name Hypothecation Hire Purchase Lease Hypothecation Hypothecation No. Lease Lease Lease Hire Purchase Lease							
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2) 3) Image: Constant of the start		Na	me	CSI Opted (Rs.)	Г	Nominee*	Relationship
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Loss of accessories by Burglary, House breaking and Theft. Restriction of Cover/Discounts/Concessions (Please tick ✓)							
			-				
Name of Automobile Association:	Restriction of	of Cover/Discounts/Conces	sions (Please tick ✓)				
	Membership	No.:				Expiry Date:	D D M M Y Y Y

	Third Party Propert	y Damage Cover restricted	d to Rs. 6,000/- only			
	Voluntary Deductib	le chosen over and above	Compulsory deductible			
C	Options available are:					
	Rs 500/-	Rs 1000/-	Rs 1500/-	F	Rs 2000/-	Rs 2500/-
	Rs 3000/-	Rs 3500/-	Rs 4000/-	F	Rs 5000/-	
	Vehicle is Specially	designed for use of Blind	/Handicapped/Mentally Cha	Illenged Pers	son and endorse	ed in Registration Certificate. (Attach RC copy)
	Vehicle will be used	d within own premises (Or	nly if not licensed for generl	a road use b	by RTO)	
	Vehicle is fitted wit	h Anti Theft device approv	ved by ARAI (Attach installat	tion certifica	ite issued by an	y Automobile Association)
	Vehicle is fitted with	h a Fibre Glass Fuel Tank.	Vehicle will be used for	r Driving Tui	itions.	
				0		
29. E	xtended Covers:					
	Imported vehicle with	hout payment of custome	rs duty			
	Extension to Countrie	es (Bangladesh/Nepal/Bhu	itan/Pakistan/Maldives/Sri La	anka)		
	Vehicle driven by nor	n-conventional source of p	oower. Details.			
30. A	dd on covers (Two whee	eler)				
	Depreciation Allowar	nce - IRDAN108RP0001V01	1200001/A0061V02201819		Electric Surge	e Secure - IRDAN108RP0076V01201819/A0001V01202223
		DAN108RP0001V0120000				
		es - IRDAN108RP0001V0120000				allowance - Battery - 0076V01201819/A0002V01202223
				1010	No. of claims	
		-xpenses- irdan108rP00 00/-) Rs.	01V01200001/A0064V01201 (minimum Rs. 25,000/-	1819	a) with deduc	tible b) without deductible
	& maximum Rs. 1,00,		_ (
	•	N108RP0076V01201819/	A0001V01202324			
	No. of Claims			01/0000000	1201010	
		,000/-) Rs	· IRDAN108RP0001V012000 _ (minimum Rs. 1,00,000/-	01/A0002V0	1201019	
			Driver-IRDAN108RP0001V01 (minimum Rs. 15,00,000/- 8			
	Additional Personal A	Accident Cover to Unname	ned Persons- IRDAN108RP0	001/01200	001/40066\/0120	01819
			_ (Number of persons			Secure - IRDAN108RP0076V01201819/A0006V01202324
		00/- & maximum Rs. 15,00				ent basis b) Repair basis
	Continuation/Return	Journey (with Additional F				vided without any payment) (with Additional Premium):
31. A	1500/- 200		Premium):			
31. A	1500/- 200	0/- 2500/-	Premium):	Hotel Ac	commodation:	(with Additional Premium):
	1500/- 200 ny other Material Facts n	0/- 2500/-	Premium):	Hotel Ac	commodation:	(with Additional Premium):
Sour	1500/- 200 ny other Material Facts n ces of funds (please ✓ wł	0/- 2500/-	Premium):	Hotel Ac	Commodation: 3500/- Other (Please	(with Additional Premium):
Sourc	1500/- 200 ny other Material Facts of ces of funds (please 🗸 wh nium paid by Cash / Cheq	0/- 2500/- relevant for this Insurance here applicable) : Salary ue No.	Premium):	Hotel Ac	Commodation: 3500/- Other (Please Amount (Rs.)	(with Additional Premium): 5000/-
Sourc	1500/- 200 ny other Material Facts n ces of funds (please ✓ wł	0/- 2500/- relevant for this Insurance here applicable) : Salary ue No.	Premium):	Hotel Ac	Commodation: 3500/- Other (Please Amount (Rs.)	(with Additional Premium):
Sourc Prem Bank	1500/- 200 ny other Material Facts of ces of funds (please 🗸 wh nium paid by Cash / Cheq	0/- 2500/- relevant for this Insurance nere applicable) : Salary ue No.	Premium):	Hotel Ac	Commodation: 3500/- Other (Please Amount (Rs.)	(with Additional Premium): 5000/-
Sourd Prem Bank Insur	1500/- 200 ny other Material Facts of ces of funds (please ✓ wh nium paid by Cash / Cheq Name	0/- 2500/	Premium):	Hotel Ac	Commodation: 3500/- Other (Please Amount (Rs.)	(with Additional Premium): 5000/-
Sourd Prem Bank Insur Card	1500/- 200 ny other Material Facts of ces of funds (please ✓ wh num paid by Cash / Cheq Name ed's PAN / Form 60 if app Type Nu	0/- 2500/	Premium):	Hotel Ac	Commodation: 3500/- Other (Please Amount (Rs.)	(with Additional Premium): 5000/-
Source Prem Bank Insur Card AML 1. I/	1500/- 200 ny other Material Facts n ces of funds (please ✓ wh nium paid by Cash / Cheq Name ed's PAN / Form 60 if app Type Nu Guidelines //we hereby confirm that all p ny/our income. I / we under	0/- 2500/- relevant for this Insurance here applicable) : Salary ue No blicable mber : premiums paid / payable in fu	Premium):	Hotel Ac 2500/-	Commodation: 3500/- Other (Please Amount (Rs.) Branch baid out of procee sources of funds a	(with Additional Premium):
Sourd Prem Bank Insur Card AML 1. I, r t	1500/- 200 ny other Material Facts n ces of funds (please ✓ wł nium paid by Cash / Cheq Name	0/- 2500/- relevant for this Insurance nere applicable) : Salary ue No	Premium):	Hotel Ac 2500/-	Commodation: 3500/- Other (Please Amount (Rs.) Branch Branch baid out of procee sources of funds a on of money launce	(with Additional Premium):
Source Prem Bank Insur Card AML 1. <i>l</i> ₁	1500/- 200 ny other Material Facts n ces of funds (please ✓ wh nium paid by Cash / Cheq Name ed's PAN / Form 60 if app Type Nu Guidelines //we hereby confirm that all p ny/our income. I / we under by any competent court of la / we are not Politically Expo	0/- 2500/- relevant for this Insurance here applicable) : Salary ue No. blicable mber : bremiums paid / payable in fu stand that the Company has w under any of the statutes, of sed Persons * nor are their c	Premium):	Hotel Ac 2500/-	Commodation: 3500/- Other (Please Amount (Rs.) Branch Branch baid out of procee sources of funds a on of money launce	(with Additional Premium):
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Bank Details*

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RATING CHART*	TWO WHEELER						
On Vehicle IDV CNG/LPG Kit IDV @ 4% (If Externally Fitted) Electrical Accessory @ 4% Loading/Discounts if any (-) Voluntary Excess (-) Anti Theft Device @ 2.5% Max 500/- (-) AAI Discount @ 5% Max 200/- (-) NCB@ %	TP Premium (As applicable) CNG/LPG (Rs. 60/-) Owner Driver PA (Rs.750/-) Paid Driver (Rs.50/-) PA to Passengers (Rs.7/- per 10,000) Total Liability Premium (B) Total Premium (A+B) GST (As applicable) (C)						
Total OD Premium (A)	Total Amount (A to C)						

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