

Bundled Auto Secure - Two Wheeler Policy (1 Year Term for Own Damage and 5 Years for Third Party)

Proposal Form



WITH YOU ALWAYS

Proposal No.

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act, 1988.

A(I). Personal Details of Proposer / Owner (In capital letters)

Personal Details

1a. Proposer's (Owner's) full name

1b. Insured's PAN card number In the absence of PAN Card, please give details of any other authorized photo identification card.

Card Type _____ Number :

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

2. Date of Birth*: D D M M Y Y Y Y Sex: M F

3. Educational Qualification: _____ Martial Status: Married Single

4. Address (where the vehicles is normally kept)

City

State

Phone

Mobile

PIN:

Fax:

Email:

5. Occupation / Business

6. Type of cover 1 Year Term for Own Damage and 5 Years for Third Party

7. Period of Insurance for Own Damage Cover From _____ Hrs on D D M M Y Y Y Y To _____ Hrs on D D M M Y Y Y Y

Period of Insurance for Third Party Liability Cover From _____ Hrs on D D M M Y Y Y Y To _____ Hrs on D D M M Y Y Y Y

8. GSTIN

9. Aadhar No.

10. PUC Certificate No.

PUC Expiry date D D M M Y Y Y Y

A(II). Vehicle Details

Vehicle Specifications

11. Vehicle Type : Indigenous Imported

12. Registration number of the vehicle

13. Date of registration of the vehicle

14. Registering authority & location

15. Year of manufacture

16. Engine number

17. Chasis number

18. Make of the vehicle

19. Model

20. Type of body

21. Cubic Capacity of the vehicle

22. Seating Capacity including driver

23. Type of Road where vehicle would normally ply: Hilly National / State highways City/Town Roads District Road Others

24. Whether the vehicle is driven by non-conventional source of power If 'YES', please give details Bi-Fuel CNG LPG

25. Whether the use of vehicle is limited to own premises? Yes No

26. Whether the vehicle is used for commercial purpose? Yes No

27. Whether the vehicle is used for driving tuitions? (GR-44) Yes No

28. Details of Hire Purchase / Hypothecation / Lease (IMT-5)

a) Is the vehicle proposed for insurance is :

(i) Under Hire Purchase? Yes No

(ii) Under Lease Agreement? Yes No

(iii) Under Hypothecation? Yes No

b) If 'YES', give name and address of concerned party / parties :

Bundled Auto Secure - Two Wheeler Policy (1 Year Term for Own Damage & 5 Years for Third Party) - IRDANI108RP0007V02201819

IMPORTANT NOTE: Insured's Declared Value (IDV) and Schedule of Depreciation for Arriving at IDV	Age of the Vehicle	% of Depreciation
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the Sum Insured for the purpose of the policy 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 time of commencement of insurance / renewal and adjusted for depreciation (as per the schedule specified). 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 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 exceed 75% of the IDV. IDV of vehicle beyond 5 years of age and of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) is to be determined on the basis of an understanding between the Insurer and Insured.	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%

29. Insured's Declared Value (IDV)*:			Amount (Rs.)
Vehicle Value			
Side Car Value (applicable for Two Wheelers only)			
Non-Electrical Accessories (Other than factory fitted) Details:			
Electrical Accessories (Other than factory fitted)			
	Stereo	AC	Others
Make			
Model			
Year			
IDV (Rs.)			
CNG/LPG kit (Not provided by manufactures)			
Total IDV.			

30. 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"/>

A(III). Liability Section : Coverage

Third Party Risks: Death / Bodily Injury

31. 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

- _____
- _____
- _____

- 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)

32. 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. 34**)

Third Party Risks: Liability to 'Workmen' under W.C. Act, 1923 (Compulsorily to be covered by M.V. Act, 1988)

33. 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.)

- Drives (No. of persons: _____)
- Employees (Workmen) (No. of persons: _____)

(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. 35**)

B. Questions that provide additional covers as per IMT Endorsements

Additional TPPD (GR-39)

34. 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. 32**) Yes No

Additional Liability to Workmen (IMT-28)

35. Do you wish to cover wider legal liability to employees who are 'Workmen' ? [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] Yes No

(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. 33**)

Liability to Employees who are not Workmen (IMT-29)

36. Do you wish to cover wider legal liability to employees who are NOT 'Workmen' ? Yes No
(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

37. Personal Accident Cover for Owner Driver is compulsory in the Liability Only cover. 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/- for Two Wheeler
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.

Personal Accident Cover for Named Occupants (IMT-15)

38. Do you wish to include Personal Accident cover for named persons ? Yes No

If YES, give name and Capital Sum Insured (CSI) opted for :

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

(Note: The maximum CSI available per person is Rs.1 Lakh in the case of Motorized Two Wheelers.)

Personal Accident Cover for Un-Named Occupants (IMT-16)

39. Do you wish to include Personal Accident cover for un-named passengers/hirer/pillion passengers (Two Wheelers) Yes No

If YES, give number of persons and Capital Sum Insured (CSI) opted :

No. of persons: _____ C.S.I. (per person): _____

(Note: The maximum CSI available per person is Rs.1 Lakh in the case of Motorized Two Wheelers)

Geographical Extension (IMT-1)

40. Whether extension of geographical area to the following countries required ?

- | | |
|--|---|
| 1. Bangladesh <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Bhutan <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Maldives <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Nepal <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Pakistan <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Sri Lanka <input type="checkbox"/> Yes <input type="checkbox"/> No |

(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

Section C

41. Restriction of Cover/Discounts/Concessions (Please tick✓)

Name of Automobile Association: _____

Expiry Date:

Membership No.:

Voluntary Deductible chosen over and above Compulsory deductible

- In case of Two Wheelers, Options available are:
- Rs.500/- Rs.1000/- Rs.1500/- Rs.2000/- Rs.2500/-
- Rs.3000/- Rs.3500/- Rs.4000/- Rs.5000/-
- Vehicle is Specially designed for use of Blind/Handicapped/Mentally Challenged Person and endorsed in Registration Certificate. (Attach RC copy)
- Vehicle will be used within own premises (Only if not licensed for general road use by RTO)
- Vehicle is fitted with Anti Theft device approved by ARAI (Attach installation certificate issued by any Automobile Association)
- Vehicle is fitted with a Fibre Glass Fuel Tank. Vehicle will be used for Driving Tuitions. Vintage Car certified by Vintage and Classic Car Club of India.

42. Extended Covers:

- Imported vehicle without payment of customs duty. Vehicle driven by non-conventional source of power details.

43. Add on covers (Two wheeler)

- Depreciation Allowance - IRDAN108RP0007V01201819/A0043V01201819 Return to Invoice - IRDAN108RP0007V01201819/A0042V01201819
- Consumable Expenses - IRDAN108RP0007V01201819/A0045V01201819 Road Side Assistance - IRDAN108RP0007V01201819/A0049V01201819
- Emergency medical expenses - IRDAN108RP0007V01201819/A0046V01201819 (In multiple of Rs.5,000/-) Rs. _____
(minimum Rs.25,000/- & maximum Rs.1,00,000/-)
- Additional Third Party Property Damage Cover - IRDAN108RP0007V01201819/A0044V01201819 (In multiple of INR 50,000/-) Rs. _____
(minimum Rs.1,00,000/- & maximum Rs.15,00,000/-)
- Additional Personal Accident Cover to Owner-Driver - IRDAN108RP0007V01201819/A0047V01201819 (In multiple of Rs.50,000/-) Rs. _____
(minimum Rs.1,00,000/- & maximum Rs.15,00,000/-)
- Additional Personal Accident Cover to Unnamed Persons - IRDAN108RP0007V01201819/A0048V01201819 (In multiple of Rs. 50,000/-)
Rs. _____ (Number of persons ____) (Minimum Rs. 1,00,000/- & Maximum Rs.15,00,000/-)

Driver Details

44. Details of the Driver :

- a. Age & Date of Birth of the Owner : Age Yrs DOB
- b. Age & Date of Birth of the Driver : Age Yrs DOB
- c. Does the driver suffer from defective vision or hearing or any physical infirmity ? Yes No
If YES, please give details of such infirmity : _____
- d. Has the driver ever been involved / convicted for causing any accident or loss ? Yes No
If YES, give details as under including the pending prosecutions _____

- Driver's Name : _____
- Date of Accident : _____
- Loss / Cost (Rs.) : _____
- Circumstances of Accident / Loss : _____

Premium paid by cash / Cheque No. _____	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount (Rs.) _____
Bank _____	Branch _____		
Producer Name _____	Producer Code _____		
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.			
Sourcing Branch Address: _____			
<ul style="list-style-type: none"> ● Nationality : Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> If Non-Indian, please specify the Country : _____ ● Type of Organization 			
Corporations <input type="checkbox"/>	Governments <input type="checkbox"/>	Non Governmental Organizations <input type="checkbox"/>	Society <input type="checkbox"/>
Trust <input type="checkbox"/>	Partnership <input type="checkbox"/>	International Organization <input type="checkbox"/>	Cooperatives <input type="checkbox"/> Section 25 Company <input type="checkbox"/>

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: _____

Declaration by the Insured

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and the Tata AIG General Insurance Company Ltd.

I/We also declare that if any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the Insurance Company immediately.

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.

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: _____

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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
Name of the Bank :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										Branch	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Type of Account :	<input type="checkbox"/> SB Account		<input type="checkbox"/> Current Account			Others (please specify) _____										
Account Number :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
IFSC Code of Bank :	<input type="text"/> <input type="text"/> <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 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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, well entail regulatory action.

Disclaimer: 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.

Tata AIG General Insurance Company Limited