



Products Recall Application Form

Instructions:

- All questions must be answered.
- If the answer to any question is none or not applicable, state NONE or NOT APPLICABLE.
- If space is insufficient to answer any question fully, attach a separate sheet.
- Proposal Form must be signed and dated by a senior executive.
- Please provide Products Brochures, Contract Conditions and/or Trading Conditions and Testing and/or Accreditation Certificates.

(PLEASE TYPE OR PRINT)

1. PROPOSER

a) Full Name of Company proposed to be insured:

b) Principal address:

c) Any subsidiaries:

d) Website address:

e) Please indicate:

Manufacturer	<input type="checkbox"/>
Wholesaler	<input type="checkbox"/>
Retailer	<input type="checkbox"/>
Importer	<input type="checkbox"/>
Exporter	<input type="checkbox"/>
Assembler	<input type="checkbox"/>

Other (Please state): _____

f) Please provide number and location of operations:

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Maharashtra, India. 24X7 Toll Free No: 1800 266 7780 Visit us at www.tataaig.com

IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

UIN-IRDAN108CP0053V01201819



2. PRODUCTS

a) Please provide details of your products:

b) Product function:

c) Application (where installed):

List the revenue figures for the past 5 years, as well as the estimated revenue for the forthcoming year and indicate the approximate percentage split in revenue per **territory**. (Indicate **currency**.)

Year	Revenue	USA/Canada%	Japan/Australia /Europe%	Others%
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

Is this the total revenue for the whole of the proposed company?

Yes ☐ / No ☐

If not, please explain.

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- d) Please indicate the approximate percentage of the overall revenue for the forthcoming year by type of Products.

PRODUCT TYPE	USE	REVENUE	% USA/CANADA
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

- e) List any product discontinued or recalled during the last 5 years with a short explanation.

PRODUCT	DATE OF DISCONTINATION	EXPLANATION

- f) Suppliers, Distributors and Vendors of your products.

- i) Do you purchase materials or components from others? Yes ☐ / No ☐
- ii) Do you import products or component parts? Yes ☐ / No ☐
- iii) Do you hold them harmless? Yes ☐ / No ☐
- iv) Do they hold you harmless? Yes ☐ / No ☐

3. PRODUCT DESIGN

- a) Do you operate a research and development department? Yes ☐ / No ☐
- b) Do you do your own design work? Yes ☐ / No ☐
- c) Do you maintain records of design change and reasons? Yes ☐ / No ☐
- d) Are your designs subject to independent external review, testing or certification? Yes ☐ / No ☐
- e) Are your products designed, tested, labelled and manufactured:
- i) To meet or exceed all government and industry standards of the territories to which you are supplying? Yes ☐ / No ☐
- ii) For optimum safety in spite of misuse or abuse? Yes ☐ / No ☐



- f) Do you manufacture any of your products to the specification of your customer? Yes ☐ / No ☐
- g) What is the life expectancy of your products? _____ Years
(Give number of years.)

4. BATCH/CONTRACT SIZE

- a) Please detail the monetary value and number of units of the your normal production run/batch for products manufactured by own staff. Detail maximum batch/run for products.

- b) Taking question 4.a) into account, please detail your three largest contracts in the last 24 months.

- c) Taking question 4.a) into account, please detail your average/normal contract size, especially if you are a 'supplier only'.

5. FAILURE RATE

What is the failure rate of each product after handover?
(Please state in each case whether this is based on actual experience.)

6. QUALITY CONTROL AND TESTING

- a) Are you accredited with any internationally recognized standards? Yes ☐ / No ☐
If yes please provide details.

- b) Are written testing procedures followed? Yes ☐ / No ☐
- c) Do you have a quality control manager responsible only to top executive/management? Yes ☐ / No ☐
- d) Supplies and components:
- i) Are they ordered to your specifications? Yes ☐ / No ☐



- ii) Have you determined which ones are critical to the safety of your final product? Yes ☐ / No ☐
- iii) Are warranties obtained from all suppliers? Yes ☐ / No ☐
- iv) What percentage are tested prior to incorporation? _____ %
- e) Final products:
- i) Briefly describe tests applied before sales:
- _____
- ii) What percentage are tested? _____ %
- iii) Are records of results of quality control tests kept so that you can identify at a later date what tests you applied to given products at a given time? Yes ☐ / No ☐
- iv) How far back do your records go? _____ Years
(Give number of years.)
- v) If your products are manufactured to the specification of your customers do they test the products upon receipt? Yes ☐ / No ☐
- vi) Do you receive an acceptance sign-off from your customer? Yes ☐ / No ☐



**The answers to questions 7 and 8 are very important.
Great care should be taken in answering these questions. The policy is on a CLAIMS
MADE BASIS and will therefore apply to claims first made against the assured during
the period of the policy.**

7. Have any claims been made against you or any predecessor in business in the past ten years? Yes ☐ / No ☐

If yes, please give provide:

i) Recall Costs

ii) Date of Incident(s)

iii) Cause / Defect

iv) Remedial Action Taken

8. Other than any details indicated above, are you or any predecessor in business, after enquiry, aware of any circumstances which could give rise to a claim? Yes ☐ / No ☐

If yes, please give full details including potential amounts involved.

9. a) What plans exist to initiate a recall?

- b) Would it be necessary for your distributors to co-operate on handing a recall? Yes ☐ / No ☐

If yes, have they been briefed?

Yes ☐ / No ☐



10. Have press or other announcements been prepared for retention on file? Yes ☐ / No ☐

11. a) Please give details of records maintained to trace the location of products.

b) Do the products carry:

i) Your company name? Yes ☐ / No ☐

ii) Your trade mark? Yes ☐ / No ☐

iii) A part number? Yes ☐ / No ☐

iv) A production batch number? Yes ☐ / No ☐

c) How long are records kept? _____

12. What is your estimate of likely cost of a recall?

13. Name(s) and position(s) of personnel within your organization empowered to authorize a recall.

NAME(s)

POSITION / TITLE

14. If any of your products are incorporated into other products, would the other manufacturer(s) initiate a recall? Yes ☐ / No ☐

15. Please give full information for the last ten years regarding claims paid and outstanding and details of all complaint's which have not yet developed into claims.



16. INSURANCE REQUESTED:

Limits desired:

Deductible desired:

Present insurer:

Has any insurer ever cancelled, restricted or refused to renew your liability insurance? Yes ☐ / No ☐

If yes, please explain.

Proposed effective date for this insurance:

Territories to be covered:

Additional Details: (compulsory)

Nationality: Indian ☐ Non – Indian ☐

If Non-Indian, please specify Country:

Type of Organization

Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐

International Organization ☐ Trust ☐ Partnership ☐ Cooperatives ☐

Section 25 Company ☐

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OTHER INFORMATION (COMPULSORY)

1. PAN CARD Number (10 Digit Number)

2. Sources of funds :

☐ Salary ☐ Business ☐ Investments ☐ Other
(Please Specify)

3. GSTN No

Section 41 of Insurance Act 1938 (Prohibition of rebates)

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.

Declaration (in respect of all sections)

I / We do hereby solemnly declare and state that all information given above is true to my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I / We shall not be entitled to any benefit hereunder.

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.

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

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have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/we have understood these and confirm to abide by the policy terms & conditions.

Authorised Signatory

Company Stamp

Name and Designation of Authorised person:

Place:

Date:

Vernacular Declaration by the intermediary
(Certification in case the proposer has signed in vernacular/thumb print):

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/ Relationship Officer of the Broker, 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.

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.

Name of the specified Person and code:

Place:

Date:

Signature of Agent/ intermediary: