

Standalone Third Party Long Term Two Wheeler Insurance Policy

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. Proposers (Owners) full name	<input type="text"/>	
1b. Insureds PAN card number	<input type="text"/>	In the absence of PAN Card, please give details of any other authorized photo identification card.
	Card Type <input type="text"/>	Number : <input type="text"/>
Sources of funds (please where applicable)	Salary <input type="checkbox"/>	Business <input type="checkbox"/>
	Other (Please specify) <input type="text"/>	
2. Address (where the vehicles is normally kept)	<input type="text"/>	
	City <input type="text"/>	
	State <input type="text"/>	PIN: <input type="text"/>
	Phone <input type="text"/>	Fax: <input type="text"/>
	Mobile <input type="text"/>	Email: <input type="text"/>
3. Occupation / Business	<input type="text"/>	
4. Type of cover	Liability Only Policy	
5. Period of Insurance	From _____ Hrs on <input type="text"/>	To _____ Hrs on <input type="text"/>
6. GST IN/UIN: _____		

A(II). Vehicle Details

Vehicle Specifications

7. Registration number of the vehicle	<input type="text"/>
8. Date of registration of the vehicle	<input type="text"/>
9. Registering authority & location	<input type="text"/>
10. Year of manufacture	<input type="text"/>
11. Engine number	<input type="text"/>
12. Chasis number	<input type="text"/>
13. Make of the vehicle	<input type="text"/>
14. Model	<input type="text"/>
15. Type of body	<input type="text"/>
16. Cubic Capacity of the vehicle	<input type="text"/>
17. Seating Capacity including driver	<input type="text"/>
18. PUC Certificate Number* <input type="text"/>	PUC Expiry date* <input type="text"/>
19. Whether the vehicle is driven by non-conventional source of power	<input type="checkbox"/> Bi-Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG
If YES, please give details	
20. Whether the use of vehicle is limited to own premises ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Whether the vehicle is used for commercial purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Whether the vehicle is used for driving tuitions ? (GR-44)	<input type="checkbox"/> Yes <input type="checkbox"/> No

23. Details of Hire Purchase / Hypothecation / Lease

(IMT-5)

a) Is the vehicle proposed for insurance is :	
(i) Under Hire Purchase ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Under Lease Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Under Hypothecation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If YES, give name and address of concerned party/ parties :	

A(III). Liability Section : Coverage

Third Party Risks: Death/ Bodily Injury

24. 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)

25. 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 0. No. 25)

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

26. Legal liability to persons employed in connection with operation of the vehicle who are Workmen. (The liability of the employer under the Workmens Compensation Act, 1923 is covered under the Motor Vehicles Act, 1988.)

1. Drivers (No. of persons: _____)

2. 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 Workmens Compensation Act, 1923.)

(For additional coverage, please refer to Q. No. 26)

B. Questions that provide additional covers as per IMT Endorsements

Additional TPPD (GR-39)

27. 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)

☐ Yes

☐ No

Additional Liability to Workmen (IMT-28)

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 Workmens

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)

29. 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

30. 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. 1,00,000/- for Two Wheeler and 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.

Personal Accident Cover for Named Occupants (IMT-15)

31. 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. 2 lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Two Wheelers)

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

32. 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 Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Two Wheelers)

Geographical Extension (IMT-1)

33. 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)

C. Questions that are elicited for information and data collection purposes**Previous History**

34. 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 time of purchase ? ☐ New / ☐ Second hand
- c. Will the vehicle be used exclusively for
- (i) Private, Social, Domestic, Pleasure & Professional Purpose ? ☐ Yes ☐ No
- (ii) Carriage of goods other than samples or personal luggage ? ☐ Yes ☐ No
- d. Is the vehicle is in good condition ? ☐ ☐
- If no, please give details : _____
- e. Name and Address of the previous insurance company : _____

f. Previous policy number :

g. Period of insurance :

From

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

h. Claims lodged during the preceding 3 years :

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

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

Year

No. of Claim(s)

Claim(s) Amount (Rs.)

Driver Details

35. Details of the Driver :

- a. Age & Date of Birth of the Owner : Age ☐ ☐ Yrs DOB

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
- b. Age & Date of Birth of the Driver : Age ☐ ☐ Yrs DOB

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
- 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 :
- Drivers Name : _____
- Date of Accident : _____
- Loss / Cost (Rs.) : _____
- Circumstances of Accident / Loss : _____

Premium paid by cash/ Cheque No. _____	Date <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Amount (Rs.) _____
D	D	M	M	Y	Y	Y	Y			
Bank _____		Branch _____								
Producer Name _____		Producer Code _____								

AML Guidelines

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

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.

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: _____

Bank Details*

As per the Regulatory requirements, we can effect payment of refund I 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 :	<input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> 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

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

- 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.
- 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.

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 | E-mail: customersupport@tataaig.com | Website: www.tataaig.com

IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425

Standalone Third Party Long Term Two Wheeler Insurance Policy UIN: IRDAN108RP0001V01201415