

Proposal Form

Proposal No.

Note:

1. To be filled and signed by Proposer and all fields are mandatory to be filled.
2. This proposal shall be the basis of contract for Policy issuance.
3. Please complete all sections in capitals & tick boxes wherever applicable.
4. Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void ab initio.
5. Geographical Area of operation: INDIA.

A. Personal Details of Proposer:

1	Proposer's (Owner's) Full Name (In capital letters)																			
2	Date of Birth (NA for Group)	<<DD/MM/YYYY>>																		
3	Insured's PAN Card No. (Form 97 if PAN Card is not available)																			
4	CKYC No.																			
5	Aadhaar No./ Passport No./ Driving License No./ Any valid ID	X	X	X	X	X	X	X												
6	Sources of Funds (Please Tick where Applicable)	☐ Salary ☐ Business ☐ Other																		
7	Address (In capital letters, with pin code)	Present Address: <table> <tr> <td>City/Town</td> <td></td> <td>State</td> <td></td> <td>PIN Code</td> <td></td> </tr> </table> Is Your Present Address the Same As Your Permanent Address? (If No, Please Fill the Details Below): Yes/ No Permanent Address: <table> <tr> <td>City/Town</td> <td></td> <td>State</td> <td></td> <td>PIN Code</td> <td></td> </tr> </table>							City/Town		State		PIN Code		City/Town		State		PIN Code	
City/Town		State		PIN Code																
City/Town		State		PIN Code																
8	Phone.No	Landline:				Mobile:														
9	Email ID																			
10	GSTIN/UIN																			

B. Vehicle Details:

11	Registration Number of the Vehicle	
12	Date of Registration of the Vehicle	
13	Year of Manufacture	
14	Make of the Vehicle	
15	Model	
16	Chassis No.	
17	Wall Mounted Charger No.	
18	Cost of Wall Mounted Charger	

C. Cover Details:

Section II.A – Key Replacement: Sum Insured: _____ ₹5,000 to ₹1,00,000 (In multiples of ₹1,000)

Section II.B – Wall Charger Protect: Sum Insured: _____ ₹1,000 to ₹1,00,000 (in multiples of ₹1,000)

Section II.C – Accidental Medical Expenses: Sum Insured: _____ (₹5,000 to ₹5,00,000, In multiples of ₹5,000)

D. Details Of Vehicle Insurance Policy:

Policy No.		Insurance Company Name	
Policy Type		Policy Start Date	
		Policy End Date	

E. Payment Details:

Payment mode	☐ Cash ☐ Cheque ☐ Credit Card ☐ DD ☐ Others			
Cheque/DD No.		Cheque/DD Date		

F. 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	
Name of the Bank	
Type of Account: SB/ Current/ Others (please specify)	
Account Number	
IFSC Code of Bank	

Auto Secure - Drive Protect Policy

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 ₹10,000.

G. Nominee's Details:

Sr. No.	Name of the Nominee	Date of Birth*	Sum Insured	Relationship with Proposer	% of Claim	Email ID of Nominee	Bank Details	Contact of Nominee	Permanent Address	Present Address (If Permanent Address is different)
		DD/MM/YYYY								

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Details (if Nominee is a Minor):

Name	Relationship to Nominee

☐ I understand that I will receive digital copy of my Policy and service-related communication.

Please contact TATA AIG if you prefer to also receive the physical copy of the Policy and service-related communication and these documents will be shared via postal mail to the address as mentioned in this Proposal Form.

Declaration by the Proposer:

- ☐ 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 TATA AIG General Insurance Company Limited.
- ☐ I/We also declare that 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 'Policy Schedule/ Certificate' 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.

Date: DD/MM/YYYY

Place: _____

Signature of the Proposer/s: _____

Vernacular Declaration:

(Certification in case the Proposer has signed in Vernacular/Thumbprint).

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 / Specified Person: _____

Person with Disability Declaration:

Sr. No.	Proposed Person	Do you suffer from any Disability? (If yes, please tick/fill against the relevant section and enclose Disability Certificate Issued by competent authority)	Type of Disability	Percentage of Disability
		Y/N	☐ Hearing Impairment ☐ Blindness ☐ Parkinson's Disease ☐ Acid Attack Victim ☐ Handicapped ☐ Others (Specify): _____	
		Y/N	☐ Hearing Impairment ☐ Blindness ☐ Parkinson's Disease ☐ Acid Attack Victim ☐ Handicapped ☐ Others (Specify): _____	
		Y/N	☐ Hearing Impairment ☐ Blindness ☐ Parkinson's Disease ☐ Acid Attack Victim ☐ Handicapped ☐ Others (Specify): _____	

(Note: The below must be witnessed by someone other than the Advisor/Intermediary / Employee of the Company).

I/We certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the representative) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from TATA AIG General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Date: DD/MM/YYYY

Place: _____

Signature of the Representative: _____

Signature / Thumb impression of the Proposer / Primary Insured: _____

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorised 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 furthermore if there has been a non-disclosure of any material fact, the Policy issued to his/her favour 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 / Agent / Intermediary and Code: _____

Place: _____

Application No: _____

Date: <<DD/MM/YYYY>>

Signature of Agent: _____

Specified Person Details:

SP Certificate No. _____	SP Name _____	SP Signature _____
--------------------------	---------------	--------------------

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.

Prohibition of Rebates – Section 41 of 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 the 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 prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a 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.

Disclaimer: Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / Policy wordings on www.tataaig.com carefully, before concluding a sale. The trade logo displayed above belongs to TATA Sons Private Limited and AIG and is used by TATA AIG General Insurance Company Limited under License

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India

24*7 Customer Support No.: 022 6489 8282/1800 267 1955 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com

IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • Auto Secure - Drive Protect Policy UIN: IRDAN108RPMT0038V01202627