

Proposal Form

Proposal Form No.

Please note:

1. This form is to be filled and signed by Proposer (i.e. the Policyholder).
2. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable
3. This Proposal shall be the basis of contract for Policy Issuance.

Intermediary/ Agent Name	Agent Code/ Intermediary License No.	Intermediary/ Agent Contact Details
<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposer's Details:

Name of the Proposer				<input type="text"/>
Current Address				<input type="text"/>
City	<input type="text"/>	District	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	PIN Code	<input type="text"/>	<input type="text"/>
Is Your Current Address the Same As Your Permanent Address? (If No, Please Fill the Details Below)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Address				<input type="text"/>
City	<input type="text"/>	District	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	PIN Code	<input type="text"/>	<input type="text"/>
Year Company Was Founded		<input type="text"/>		
Description of Business		<input type="text"/>		
Contact Person's Name		<input type="text"/>		
Landline No.	<input type="text"/>	Mobile No.	<input type="text"/>	<input type="text"/>
Email ID		<input type="text"/>		
*PAN No.	<input type="text"/>	CIN No.	<input type="text"/>	<input type="text"/>

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 Toll free No.: 1800 266 7780 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108
 CIN: U85110MH2000PLC128425 • Rideshare Policy UIN: IRDAN108CP0002V01202122

Nominee Details:

In the event of the Death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee preferably should be an immediate relative of the Insured Person.

Nominee Name	Date Of Birth	Relationship with Proposer	% of Claim Payable	Mobile No. / E-mail ID	Present Address of the Nominee	Permanent Address of the Nominee
	DD/MM/YYYY			<<*****9810/ abc@gmail.com>>		
	DD/MM/YYYY			<<*****9810/ abc@gmail.com>>		
	DD/MM/YYYY			<<*****9810/ abc@gmail.com>>		

If the Nominee is minor, Name and Address of Appointee and relationship with Minor.

Appointee Name	Relationship with Nominee	Address

Do you want a physical copy of this Policy Document? Yes No

Details for Cover:

A. Details of Cards

Sr. No.	Card No.*	Eligible Cardholder/ Insured Name	Self/Add-On	Type of Cards	Details of Cards	Bank

*Kindly mention only the last four digits of your sixteen digit card number. For instance, mention your card number as xxxx xxxx xxxx 1234.

B. Details of Benefits

Coverage under this Benefit will be applicable to an eligible Cardholder subject to deductible within the Rideshare carrier's vehicle while traveling during a Covered Trip whose Personal Property is permanently lost or stolen after he or she enters a Rideshare carrier. The coverage ends each time the Eligible Cardholder reaches his or her destination prior to exiting the Rideshare carrier. The eligible Cardholder must use due diligence to protect, save and recover personal property at all times.

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What Company Pays	Sum Insured	Per Occurrence Limit (₹)	Annual Aggregate Limit (₹)	Excess of Amount, (If any)
<p>This coverage pays the difference between the value of the amount claimed and the payments from the Rideshare carrier, the Authorized Rideshare Company, if any. The value of the amount claimed will be the lesser of the following:</p> <ol style="list-style-type: none"> 1. The actual purchase price of the item; or 2. The actual cash value of Personal Property, when lost or stolen; or 3. The cost to replacing the item. 				

Premium Payment Details:

Payment by: Credit Card/Debit Card/Cheque/Cash/Account Transfer/Others/Online Payment (Tick whichever is applicable)

Bank Name	Instrument Date	Amount (In ₹)

Bank Details (Required for refund/claims):

As per the Regulatory requirements, we can 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

Customer's Bank Account			
Name of the Account Holder			
Name of the Bank		Branch	
Type of Account	<input type="checkbox"/> Savings Bank Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please Specify): _____		
Account No.		Bank IFSC Code	

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.

Nominee/Guardian (In Case of Nominee Being Minor) Bank Account:

Name of the Account Holder	
Name of the Bank	
Branch Name	
Account No.	
Bank IFSC Code	
Account Type	<input type="checkbox"/> Savings Bank Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify): _____

*In case there is more than one nominee then please provide the bank details of such nominees separately in the above format with this Proposal Form.

Declaration and Warranties:

- I. We agree that the Insurance would be effective only on acceptance of this Proposal by you and the payment of requisite premium by us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by you the Policy shall be deemed cancelled "ab-initio" and you shall not be responsible for any liabilities of whatsoever nature under this Policy.
- II. We agree and undertake to convey to you any change/alterations carried out in the risk Proposed for Insurance after submission of this Proposal Form.
- III. We consent to receive information from you through physical, electronic or telecommunication means from time to time.
- IV. I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the Proposal for the sole purpose of underwriting, Policy Servicing and/or claims servicing & settlement.



Disability Declaration:

(Note: The below must be witnessed by someone other than the Advisor/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 he 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: _____

AML Guidelines:

1. 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.
2. 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.



WITH YOU ALWAYS

Rideshare Policy



Declaration:

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.

Name & Signature of Intermediary: _____

Signature of the Proposer: _____ Code: _____

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: _____

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 TATA AIG and the Proposer, if this Proposal is accepted by TATA AIG 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, TATA AIG 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 TATA AIG as null and void and all premiums paid under the Policy may be forfeited to TATA AIG.

License No. (Intermediary/Corporate Agent/Broker/Relationship Officer): _____

Name of the Specified Person and Code: _____

Place: _____

Date: _____

Signature: _____

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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.

Signature of Proposer with Official Seal: _____

Acknowledgement for Proposal:

Please retain this counterfoil for your records (On behalf of TATA AIG General Insurance Company Limited)

Proposal Form No.: _____

We acknowledge the receipt of payment of ₹_____vide_____from _____
Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk and commencement of Policy. TATA AIG General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of Proposal and Issuance of Policy shall be subject to receipt of completed Proposal Form. Premium payment and underwriting decision of the Company.

Signature of the Representative: _____

Name of the Representative: _____

You are requested to visit the Company's website www.tataaig.com for Policy Wordings.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

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