

# Auto Secure Compulsory Personal Accident (Owner - Driver) - Motor Insurance Policies

## Proposal Form



WITH YOU ALWAYS

To help us serve you better, kindly ensure that the form is completely filled  
(This Insurance does not commence until the proposal is accepted and premium is received by Tata AIG General Insurance Company Limited)

### Personal Details (In block letters)

Proposal No.

Name of the Insured  First Name  Middle Name  Last Name

Address

City

State  Pin Code

Tel. (O)  Fax

Mobile  E-Mail

### Personal Information (Please tick where applicable)

Date of birth:

Sex:  Male  Female

Occupation:  Service  Self employed

Marital Status:  Married  Single

Sr. No	CSI	Nominee Details							Appointee Details (if Nominee is a minor)	
		Name & age	Relationship	% of Claim	Mobile No.	Email	Present & Permanent Address	Bank Details	Name	Relationship to Nominee
1	15 Lakhs (Sum Insured)									
2										
3										
4										

\*for adding additional nominees, kindly provide the details in additional sheet

### Policy details

Policy Period From         To

Capital Sum Insured \_\_\_\_\_ Premium \_\_\_\_\_ (including GST)

### Additional Details

Details of vehicles registered in your name

Sr. No.	Vehicle Registration No.	Make Model	YOM	Class of Vehicle (Private Car/TW/CV)
1.				
2.				
3.				

Whether you have taken any personal accident policy, If yes, whether from 1. Tata AIG GIC 2. Others (Please specify name)

Sr. No.	Policy No.	Insurer	Capital Sum Insured
1.			
2.			
3.			

### Payment Details Payment Mode : Cheque / DD / Cash

Cheque / DD No.  Date

Bank Name Branch

PAN Card No.\*

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

(Payable to Tata AIG General Insurance Company Ltd.)

Date :

Signature of Proposer: \_\_\_\_\_

Place : \_\_\_\_\_

**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.

**Declarations**

"I/We desire to insure with Tata AIG General Insurance Company Limited in respect of the Personal Accident Cover described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Tata AIG General Insurance Company Limited. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to TATA AIG General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited. I/We agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us as required by the procedures/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy." 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.

**Additional Information**

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

**Declaration** : 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.

Name & Signature of agent/intermediary: \_\_\_\_\_

**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: \_\_\_\_\_

**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 \_\_\_\_\_

**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 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.

Place:

Date:

Signature of the Proposer \_\_\_\_\_

Signature/Thumb impression of the Proposer/Primary Insured \_\_\_\_\_

**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:  Branch

Type of Account:  SB Account  Current Account 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

Do you want a physical copy of this policy document? Yes/No

**Specified Person Details**

SP Certificate No	SP Name	SP Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhaar Card No. of POSP	PAN No. of POSP	
<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.

**Disclaimer:** Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/policy wordings on [www.tataaig.com](http://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.

**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.