



Auto Secure - Motor Trade Internal Risks
UIN: IRDAN108RP0007V01200001

Proposal Form

1.	Proposer's full name	
2.	PAN Card (Mandatory)	
3.	Address	
4.	Particulars of premises to be insured (Attach plan showing measurement and situation and number of entrances and exits, trap-doors, inspection pits or other openings in floor or pavement. Show also situation of any plant, machinery or petrol pumps.	
(a)	Situation	
(b)	Date of Construction	
(c)	Superficial area of the premises i.e., whole of the land and buildings occupied by the proposer for the purposes of his Motor trade business.	
(d)	If premises used for any purpose other than as a showroom, garage or workshop state such other use.	
5.	Do you wish cover for any adjoining area outside your premises which is used as a car park? If so give brief description and state its superficial area	
6.	State total estimated annual wages, salaries and other earnings paid to employees	
7.	Are you or have you ever been insured against Liability to the Public Risks of any kind including Motor vehicle Road Risk? If so, state name of the Company or Underwriter	
8.	Has any company or underwriter ever: a. Declined your proposal? b. Required you to carry the first, portion of any loss? c. Required an increased premium or imposed special conditions? d. Refused to renew you Policy? e. Cancelled your Policy?	
9.	Give below particulars of any claim made upon you or by you during the past years. Total cost of settled claims/ Outstanding Claims Year Total No. of Accidents Bodily injury to third parties Damage to property including vehicles owned by third parties Damage to own vehicles Number Estimated cost	
10.	Under which of the following covers do you require insurance? a. Damage and Liability to Public Risks (i.e., Package Policy)	

	Or b. Liability Only Policy (excluding damage to vehicle)	
11.	Do you want a physical copy of this policy document?	Yes/No

Declaration by 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 “ _____ Co. Ltd.”

I/We also hereby declare that if any additions or alterations are carried out after the submission of this proposal form then the same would conveyed to the insurers 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.

I / We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me / us with rating agencies, third parties or services providers and accordingly I / We authorise the Company to do the same for the purpose of underwriting / servicing the policy.

Place:	Date:	Signature of the Proposer:
--------	-------	----------------------------

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 understood and confirmed the same.

Signature/Thumb impression of the Proposer: __

Name & Signature of agent/intermediary: __

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.

Date: D D M M Y Y Y Y
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/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: _____

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) I 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 :

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.10000

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.

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 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: 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 - 400 013, Maharashtra, India.

IRDA of India Registration number: 108 | CIN Number: U85110MH2000PLC128425.