



Auto Secure - Motor Trade Package Policy
UIN: IRDAN108RP0006V01200001

Proposal Form

	Proposer's full name	
	Address: Address where vehicle is normally kept and used	
	Pin Code	
	Tel. No.	
	Email Address	
	Occupational/ Business:	
	Type of Cover required: Liability Only Policy/ Package Policy/ Others (specify)	
	PAN Card (Mandatory)	
	Period of Insurance:	From: _____ To: _____
1.	Registration No. and Date of Registration of the vehicle	
2.	Registering Authority & Location	
3.	Year of Manufacture	
4.	Engine No.	
5.	Chassis No.	
6.	Make of the vehicle	
7.	Type of a) Body b) Model	
8.	Gross Vehicle Weight (GVW)/ Cubic Capacity (CC)	
9.	Max. licensed carrying capacity (No. of Passengers) in case of Passenger Carrying vehicles?	
10.	Whether extension of geographical area To the following countries required? Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka If Yes, State the name of the countries.	Yes/ No 1) 2) 3)
11.	Whether the vehicle is driven by non-conventional source of power? If yes, please give details	Yes/ No
12.	Whether the vehicle is used for driving tuitions?	Yes/ No
13.	Whether the use of the vehicle is limited to own premises	Yes/ No
14.	Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)?	Yes/ No
15.	Whether vehicle belongs to foreign embassy/ consulate?	Yes/ No
16.	Whether vehicle is designed for use of blind/ handicapped/ mentally challenged persons and duly endorsed as such by RTA	Yes/ No

17.	Whether vehicle is fitted with fibre glass tank?				Yes/ No	
18.	Are you entitled to No Claim Bonus? If yes, please submit proof thereof					
19.	Is the vehicle fitted with any Anti-theft Device approved by the ARAI, Pune? If Yes, attach certificate of Installation in the vehicle issued by Automobile Association of India.				Yes/No	
20.	Liability to Third Parties The Policy provides Third Party Property Damage (TPPD) of ₹1 Lakh (Two Wheelers) and ₹7.5 Lakhs (Other class of vehicles). Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹6,000/- only?				Yes/ No	
21.	Do you wish to cover Legal Liability to?					
	A) Driver/ Conductor/ Cleaner				Yes/ No If yes, No. of persons _____	
	B) Other				Yes/ No If yes, No. of persons _____	
	C) Non-fare paying passenger				Yes/ No If yes, No. of persons _____	
22.	Do you wish to include Personal Accident (P.A) Cover for paid drivers, cleaners and conductors?				Yes/ No	
	If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is ₹1 Lakh in the case of Motorised two wheelers and ₹2 Lakhs for other classes of vehicles. Name 1. 2. 3.				CSI opted (₹)	
23.	Do you wish to include P.A. Cover for unnamed persons/hirer/pillion riders (two wheeler)				Yes/ No	
	If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is ₹1 Lakh in the case of Motorised two wheelers and ₹2 Lakhs for other classes of vehicles. Number of persons				CSI opted (₹)	
24.	Insured's Declared Value					
	Insured's Declared Value of vehicle	Non-electrical accessories fitted to the vehicle	Electrical & Electronic accessories fitted to the vehicle	Side Car accessories fitted to the vehicle	Value of CNG/ LPG kit	Total Value
	₹	₹	₹	₹	₹	₹
	Note: The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.					

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance/ renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the side car(s) and/or accessories, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is/ are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL, where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV

AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

NOTE: IDV of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

25.	Previous History	
	a. Date of Purchase of the Vehicle by the Proposer	_____
	b. Whether the vehicle was New or Second Hand at the time of purchase	_____
	c. Is the vehicle in good condition? If "No" please give full details	Yes/ No _____
	d. Name and address of the previous insurer	_____
	e. Previous Policy Number Period of Insurance from	_____ From ___/___/___ to ___/___/___
	f. Type of cover	Liability Only Cover/ Package Cover/ Other (specify)
	g. Claims lodged the preceding 3 years	
	Year	Number
		Amount (₹)
	h. Has any insurance company ever:	
	a. Declined the proposal	Yes/ No
	b. Cancelled & refused to renew (if yes, reasons thereof)	Yes/ No _____
	c. Imposed special condition or excess (if yes, reasons thereof)	Yes/ No _____
26.	Details of Hire Purchase/ Hypothecation/ Lease	
	a. Is the vehicle proposed for insurance:- Under Hire Purchase	Yes/ No

	Under Lease Agreement Under Hypothecation Agreement b. If Yes, give name and address of concerned parties	Yes/ No Yes/ No		
27.	Details of Driver: a. Age b. Does the driver suffer from defective vision or hearing or any physical infirmity c. Has the driver ever been involved/ conflicted for causing any accident or loss? If yes, please give details as under including the pending prosecution, if any:-	Owner Driver Others Yes/ No If yes, please give details. _____		
	Driver's name	Date of Accident	Circumstances of Accident/ Claim	Loss/ Cost
28.	Motor Trade – Road Transit Risk a. Specify the distance vehicle will travel: b. Are trailer required to be covered – c. Do you wish to delete 50% limitation clause in respect of damage to tyres – d. Specify the cover desired; 1. Liability Cover – 2. Liability and Fire – 3. Liability and Theft – 4. Liability and Theft and Fire – 5. Package –	Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No		
29.	Motor Trade – Road Risk Only a. Cover required – Liability/ Package b. Basis of cover required – Named Driver basis/ Trade Certificate Basis c. Class of covered vehicle – Motorized Two Wheeler/ Excluding Motorised Two Wheeler			
30.	Extra Benefits (Road Transit Risk & Road Risk): 1. Legal Liability to passengers 2. Private Use 3. Demonstration – Driving Extensions 4. Tuition – Driving Extensions 5. Wider Legal Liability - Paid Driver 6. Deletion of 50% limitation clause in respect of tyre damage			
31.	Any other relevant information:			
32.	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

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