

Application No.: _____

Note:

(1) Please complete all sections in capitals and tick the boxes wherever applicable. (2) Failure to disclose facts material to the assessment of the risk or providing misleading Information may render the contract void. (3) Geographical area of operation: INDIA.

For Vehicle used for Social, Domestic, Pleasure and Professional Purpose only (Not for Hire or Reward)

Information for fields marked in bold on gray background with asterisk is mandatory

1. Proposer's details:

Name (Registered Owner of the Motor Vehicle)* (Please leave space between the name)

Mr. / Mrs. / Ms. / M/s. / Dr. _____

Date of Birth*: _____ Gender: Male Female Others

Address (for Communication)*:

City _____
 State _____ Pin Code _____
 Tel.: (O) _____ (R) _____
 Mobile: _____ E-mail _____

GSTIN/ UIN: _____

2. Vehicle Details:

(Including Trailer, if any, as per the Registration Certificate)

| Make* | Model* | Date of Registration* | Year of Manufacture* | Date of Sale* | RTO where vehicle is/will be Registered* |
|-------|--------|-----------------------|----------------------|---------------|--|
| | | | | | |

| Registration No.* | Engine No.**/ Motor No.** | Chassis No** | Cubic Capacity/ Power KW | Seating Capacity* (incl. Driver) |
|-------------------|---------------------------|--------------|-----------------------------|-------------------------------------|
| | | | | |

**last 12 Characters only

**Last 12 Characters only

3. Vehicle Purchased is : Brand New Used

| Ex-showroom Price | Manufacturer Warranty period in months/years | Kilometers limit for Manufacturer Warranty Period | If Used Cars | Sum Insured(In ₹) |
|-------------------|--|---|---|-------------------|
| | | | a. Date of Purchase _____ b. Present Odometers reading _____ | |

4. Fuel Type : Petrol Diesel CNG/LPG Battery Others

5. Details specific to Electric Vehicles

| No of Batteries | Battery No for each Battery | Cost of Battery | Is battery provided by Manufacturer? | Is Battery part of Exshowroom Price of the Vehicle |
|-----------------|-----------------------------|-----------------|--|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| If no, Name of Battery Manufacturer | No of Charger provided with the vehicle | Charger No |
|-------------------------------------|---|------------|
| | | |

6. Previous Manufacturing/Extended warranty Particulars

Type of Cover: On entire vehicle Part specific

If part specific kindly mention the parts _____

Expiring policy number: _____ Expiry Date: _____

Previous Insurer: _____ Branch _____

Was any claim reported during the expiring policy period? Yes No

Claim reported in Last 5 Years:

| Year | 1 | 2 | 3 | 4 | 5 |
|---------------|---|---|---|---|---|
| No. of Claims | | | | | |
| Amount | | | | | |

7. Extended Warranty Details

Period of Insurance: Desired from* _____ To midnight of* _____
 No of Kilometers: _____ Duration of the cover: _____ months/years
 Time Excess: _____
 Deductible: _____
 Cover desired: Entire vehicle Part specific
 Note: Cover will commence not earlier than the Date & Time of Acceptance of Risk and / or issuance of Cover Note subsequent to payment of premium

8. If Extended Warranty is specific to the parts/Plan selection, kindly mention .

| | | | | | | | |
|----|--|----|--|----|--|----|--|
| 1. | | 3. | | 5. | | 7. | |
| 2. | | 4. | | 6. | | 8. | |

9. Financier's Details:

Name _____
 Hypothecation Hire Purchase Lease
 Contract/Loan Application No. _____

10. Any other Material Facts relevant for this Insurance

Sources of funds (please ✓ where applicable) : Salary Business Other (Please Specify) _____
 Premium paid by Cash / Cheque No. _____ Amount (Rs.) _____
 Bank Name _____ Branch _____
 *Insured's PAN / Form 60 if applicable _____ Card Type _____ Number : _____

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.

- Nationality : Indian Non-Indian If Non-Indian, please specify the Country : _____
- Type of Organization
 Corporations Governments Non Governmental Organizations Society
 Trust Partnership International Organization Cooperatives Section 25 Company

Declarations

"I/We desire to insure with Tata AIG General Insurance Company Limited in respect of the vehicle 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."

In case if you want a copy of the same on your email, please click here.

I/We agree to receive ' Policy Schedule' only and shall access the policy terms, conditions and exclusions on the company's website.

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.
 (Strike off whatever is not applicable)

I/We further undertake that if this declaration is found incorrect all benefits under the Policy will stand forfeited)

Place: _____

Date _____

Signature of the Registered owner of the Vehicle*

Bank Details*

As per the Regulatory requirements, Real Time Gross Settlement (RTGS) System (ECS) / National Electronic Funds Transfer (NEFT) 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

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.

Signature of the Proposer : _____ Name & Signature of agent/intermediary : _____ Code: _____

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 : _____

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: _____ Signature of the representative _____

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 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: _____ |

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.

| | |
|-------------------------|---|
| For PRODUCER'S USE ONLY | |
| Producer Code _____ | |
| Producer Name _____ | |
| Cash/Cheque No. _____ | Cheque Date _____ |
| PREMIUM (Rs.) _____ | Business of : <input type="checkbox"/> Rural <input type="checkbox"/> Social <input type="checkbox"/> Other |
| Producer's Sign* _____ | Operation Executive Sign & Date _____ |

Sourcing Branch Address: _____

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 & 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.