

Cost of battery _____

Is battery provided by Manufacturer? Yes No

Is battery part of ex-showroom price vehicle Yes No

If no, Name of battery manufacturer _____

No. of charger provided with the vehicle _____

Charger No. _____

13. Previous Insurance Particulars*: (Attach Expiring Policy Copy with Schedule as Proof of Insurance)

Is the previous insurance in your name? Yes No

Type of Cover: Act Policy Package Bundled

Expiring Policy Number: _____ Expiry date of Own Damage Cover

D	D	M	M	Y	Y	Y	Y
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NCB in your expiring policy % Expiry date of Third Party Cover

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

Previous Insurer: _____ Branch _____

Address _____

Claim reported in Last 5 Years:

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

Year	1	2	3	4	5
No. of Claims					
Amount					

Are you entitled for NCB on renewal? (Refer NCB Declaration) Yes No %

14. Has any Insurance Company ever*:

Declined your Proposal Required an increase in Premium/ loading %

Cancelled or Refused Renewal Imposed Special Conditions or Excess

15. Period of Insurance: Desired from* _____ To midnight of*

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

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

16. Main Driver Details: Self Driving Experience* Years

Paid Driver Name _____

Any Other Age: Years Gender: Male Female

Educational Qualification _____

Marital Status Married Single Driver Experience*: Years

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No

Has the driver ever been involved / convicted for causing any accident or loss? Yes No

17. Financier's Details:

Name _____

Hypothecation Hire Purchase Lease

Contract/Loan Application No. _____

18. Restriction of Cover/Discounts/Concessions (Please tick ✓)

Name of Automobile Association: _____

Membership No.: _____ Expiry Date:

D	D	M	M	Y	Y	Y	Y
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Voluntary Deductible chosen over and above Compulsory deductible

Options available are: Rs. 2500/- Rs. 5000/- Rs. 7500/- Rs. 15000/-

Vehicle is Specially designed for use of Blind/Handicapped/Mentally Challenged Person and endorsed in Registration Certificate. (Attach RC copy)

Vehicle will be used within own premises (Only if not licensed for general road use by RTO)

Vehicle is fitted with Anti Theft device approved by ARAI (Attach installation certificate issued by any Automobile Association)

Vehicle is fitted with a Fibre Glass Fuel Tank. Vehicle will be used for Driving Tutorials. Vintage Car certified by Vintage and Classic Car Club of India.

19. Extended Covers:

Imported vehicle without payment of customers duty Extension to Countries (Bangladesh/Nepal/Bhutan/Pakistan/Maldives/Sri Lanka)

Vehicle driven by non-conventional source of power. Details.

20. Auto Secure Standalone Own Damage Private Car Policy* Add On Covers (You may opt for these covers either from bundled options or individual covers)

Add-Ons	Silver	Gold	Coral	Pearl	Pearl Plus	Sapphire	Sapphire Plus	Sapphire++	Emerald	e-Sapphire+ (For EV)	e-Sapphire++ (For EV)
Repair of Glass, Fiber, Plastic & Rubber Parts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Key Replacement		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Transport & Hotel Expenses		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Loss of Personal Belongings		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Road Side Assistance		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Depreciation Reimbursement			✓	✓	✓	✓	✓	✓	✓	✓	✓
Engine Secure (with Deductible)					✓	✓	✓	✓	✓	✓	✓
Consumable Expenses			✓		✓	✓	✓	✓	✓	✓	✓
Return to invoice								✓	✓		✓
Electric Surge Secure										✓	✓
Tyre Secure (Full Replacement Basis)						✓	✓		✓	✓	✓

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). Forth is 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

Specified Person Details

SP Certificate No SP Name SP Signature

Aadhaar Card No. of POSP PAN No. of POSP

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:
Date: _____ Signature of the Proposer _____ 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 OFFICE/ PRODUCER'S USE ONLY:

Vehicle Inspection No.: _____

Date: _____ Time: _____

Name of Inspecting Agency: _____

Signature & Stamp of
Inspection Agency

Fleet/Corporate/Branch Approval No.: _____

Recommendation Approval : _____

Approving Authority Name, Signature & Date : _____

For PRODUCER'S USE ONLY	DOCUMENTS ATTACHED*
Producer Code <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Receipt Copy <input type="checkbox"/> Expiring Policy with Schedule <input type="checkbox"/> Renewal Notice <input type="checkbox"/> Sale proof (RC Copy/Form - 29 & 30) <input type="checkbox"/> NCB Reserving (Original) <input type="checkbox"/> Payment Instrument <input type="checkbox"/> Inspection Report <input type="checkbox"/> Anti theft device AAI Certificate <input type="checkbox"/> Cancelled Covernote if any <input type="checkbox"/> Others _____ Branch: _____
Producer Name _____	
Covernote No. <input style="width: 100%;" type="text"/>	
Cancelled Covernote if any _____	
Cash/Cheque No. <input style="width: 100%;" type="text"/>	
Cheque Date <input style="width: 100%;" type="text"/>	
Fleet/Corporate/ Branch Approval No. <input style="width: 100%;" type="text"/>	
PREMIUM (Rs.) <input style="width: 100%;" type="text"/>	
Business of : <input type="checkbox"/> Rural <input type="checkbox"/> Social <input type="checkbox"/> Other	
Producer's Sign* _____	

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.

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.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

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IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425

Auto Secure - Standalone Own Damage Private Car Policy UIN: IRDAN108RPMT0001V02201920