



21. Insured's Declared Value (IDV)*:	Amount (Rs.)																				
Vehicle Value	<input type="text"/>																				
Side Car Value	<input type="text"/>																				
Non-Electrical Accessories (Other than factory fitted)	<input type="text"/>																				
Details:																					
Electrical Accessories (Other than factory fitted)																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ADD8E6;"> <th style="width: 30%;"></th> <th style="width: 30%;">Stereo</th> <th style="width: 30%;">AC</th> <th style="width: 30%;">Others</th> </tr> </thead> <tbody> <tr> <td>Make</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Model</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Year</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>IDV (Rs.)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Stereo	AC	Others	Make	<input type="text"/>	<input type="text"/>	<input type="text"/>	Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	IDV (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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IDV (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
CNG/LPG kit (Not provided by manufacturers)	<input type="text"/>																				
Total IDV.	<input type="text"/>																				

**22. 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

Expiry date of Third Party Cover

NCB in your expiring policy   %

Previous Insurer: \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**23. Has any Insurance Company ever\*:**

Declined your Proposal  Required an increase in Premium / loading %

Cancelled or Refused Renewal  Imposed Special Conditions or Excess

**24. Period of Insurance:** Desired from\*           To midnight of\*

Note: Cover will commence not earlier than the Date & Time of Acceptance of Risk subsequent to payment of premium

**25. Main Driver Details:** Self  Driving Experience\* Years

Paid Driver  Any Other

Name \_\_\_\_\_

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

**26. Financier's Details:**

Name \_\_\_\_\_

Hypothecation  Hire Purchase  Lease

Contract/Loan Application No. \_\_\_\_\_

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

Name of Automobile Association: \_\_\_\_\_

Membership No.: \_\_\_\_\_ Expiry Date:

Voluntary Deductible chosen over and above Compulsory deductible

Options available are:

Rs 500/-  Rs 1000/-  Rs 1500/-  Rs 2000/-  Rs 2500/-

Rs 3000/-  Rs 3500/-  Rs 4000/-  Rs 5000/-

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 generla 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 Tuitions.

28. 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.

29. Auto Secure Standalone Own Damage Two Wheeler Policy - Add on covers

- Depreciation Allowance - IRDAN108RP0002V01201920/A0017V02201920
Return to Invoice - IRDAN108RP0002V01201920/A0016V01201920
Consumable Expenses - IRDAN108RP0002V01201920/A0019V01201920
Emergency Medical Expenses - IRDAN108RP0002V01201920/A0020V01201920
Road Side Assistance - IRDAN108RP0002V01201920/A0023V01201920
Engine Secure - IRDAN108RP0002V01201920/A0004V01202324
Electric Surge Secure - IRDAN108RP0002V01201920/A0005V01202223
Depreciation Allowance - Battery - IRDAN108RP0002V01201920/A0006V01202223
Tyre and Rim Secure - IRDAN108RP0002V01201920/A0005V01202324

30. Any other Material Facts relevant for this Insurance

Sources of funds (please check 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...
Nationality: Indian Non-Indian
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.
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.
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.
No Claim Bonus\* (if NCB confirmation is not submitted but NCB claimed.) (Strike off whatever is not applicable)
I/We declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring Policy Period (Copy of Policy enclosed).
I/We further undertake that if this declaration is found incorrect all benefits under the Policy in respect of Own Damage Section of the Policy will stand forfeited)

Place:
Date Signature of the Registered owner of the Vehicle\*

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

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



Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure/Policy Wording 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.

**TATA AIG GENERAL INSURANCE COMPANY LIMITED**

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

24x7 Toll Free No: 1800 266 7780 | E-mail: [customersupport@tataaig.com](mailto:customersupport@tataaig.com) | Website: [www.tataaig.com](http://www.tataaig.com)

IRDA of India Registration No: 108    CIN: U85110MH2000PLC128425

Auto Secure – Standalone Own Damage Two Wheeler Policy

R1/PF/TWSAOD/June 24