

PROPOSAL FORM FOR PRIVATE CAR / TWO WHEELER INSURANCE

Note : (1) Policy wordings are available on request. (2) Please complete all sections in capitals and tick boxes wherever applicable. (3) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. (4) Geographical area of operation - INDIA.

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

<input type="checkbox"/> Package	<input type="checkbox"/> Package (Fire & Theft)	<input type="checkbox"/> Package (Fire Only)	<input type="checkbox"/> Package (Theft Only)	<input type="checkbox"/> Liability	<input type="checkbox"/> New Policy	<input type="checkbox"/> Endorsement
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Information for fields marked in bold on grey background with asterisk is mandatory

*Please leave space between the names

1. Name (Registered Owner of the Motor Vehicle)*: Mr. Mrs. Ms. M/s. Dr. _____

_____ 2. Date of Birth*: _____ Sex: M F

Marital Status: Married Single 3. Educational Qualification: _____ 4. Occupation Business Service Professional Others: _____

5. Address (for Communication)*: _____

City: _____ State: _____ Pin Code: _____

Tel: (O) _____ (R) _____ M _____ E-mail: _____

6. Registration Address*: _____

City: _____ State: _____ Pin Code: _____

City where vehicle will be primarily used: _____

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

Make*	Model*	Date of Registration*	Year of Manufacture*	RTO where vehicle is/will be Registered*
_____	_____	_____	_____	_____
Registration No.*	Engine No.*	Chassis No.*	Cubic Capacity	Seating Capacity (incl. Driver)*
_____	_____	_____	_____	_____

* Last 12 Characters only

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7. Vehicle Purchased is: Brand New Used 8. Vehicle Type: Indigenous Imported 9. Fuel Type: Petrol Diesel CNG / LPG Others

10. Type of Road where vehicle would normally ply: Hilly National/State highways City/ Town Roads District Road Others

IMPORTANT NOTE : Insured's Declared Value (IDV) and Schedule of Depreciation for Arriving at IDV	AGE OF THE VEHICLE														
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the Sum insured for the purpose of the policy 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 manufacturer's listed selling price of the brand and model as the vehicle proposed for insurance at the time of commencement of insurance/renewal and adjusted for depreciation (as per the schedule specified). The IDV of the said 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 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. IDV of vehicles beyond 5 years of age and of obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) is to be determined on the basis of an understanding between the insurer and insured.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>AGE OF THE VEHICLE</th> <th>% OF DEPRECIATION</th> </tr> <tr> <td>Not exceeding 6 months</td> <td>5%</td> </tr> <tr> <td>Exceeding 6 months but not exceeding 1 year</td> <td>15%</td> </tr> <tr> <td>Exceeding 1 year but not exceeding 2 years</td> <td>20%</td> </tr> <tr> <td>Exceeding 2 years but not exceeding 3 years</td> <td>30%</td> </tr> <tr> <td>Exceeding 3 years but not exceeding 4 years</td> <td>40%</td> </tr> <tr> <td>Exceeding 4 years but not exceeding 5 years</td> <td>50%</td> </tr> </table>	AGE OF THE VEHICLE	% OF DEPRECIATION	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%
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<p>11. Insured's Declared Value (IDV) *:</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">Vehicle Value</td> <td style="width: 30%;">Amount (Rs.)</td> </tr> <tr> <td>Side Car Value (applicable for Two Wheelers Only)</td> <td>_____</td> </tr> <tr> <td>Non - Electrical Accessories (other than factory fitted)</td> <td>_____</td> </tr> <tr> <td colspan="2"><small>Details:</small></td> </tr> <tr> <td>Electrical Accessories (other than factory fitted)</td> <td>_____</td> </tr> <tr> <td style="font-size: 8px;">Stereo AC Others</td> <td></td> </tr> <tr> <td style="font-size: 8px;">Make _____</td> <td></td> </tr> <tr> <td style="font-size: 8px;">Model _____</td> <td></td> </tr> <tr> <td style="font-size: 8px;">Year _____</td> <td>_____</td> </tr> <tr> <td style="font-size: 8px;">IDV _____</td> <td></td> </tr> <tr> <td>CNG / LPG kit (Not provided by manufacturers)</td> <td>_____</td> </tr> <tr> <td>TOTAL IDV</td> <td>_____</td> </tr> </table>	Vehicle Value	Amount (Rs.)	Side Car Value (applicable for Two Wheelers Only)	_____	Non - Electrical Accessories (other than factory fitted)	_____	<small>Details:</small>		Electrical Accessories (other than factory fitted)	_____	Stereo AC Others		Make _____		Model _____		Year _____	_____	IDV _____		CNG / LPG kit (Not provided by manufacturers)	_____	TOTAL IDV	_____	<p>12. Previous Insurance Particulars*: (Attach Expiring Policy Copy with Schedule or Co-Note as Proof of Insurance)</p> <p>Is the previous insurance in your name? Yes / No Type of Cover: <input type="checkbox"/> Act Policy <input type="checkbox"/> Package</p> <p>Expiring Policy / Cover Note No. : _____ Expiry Date: ____/____/____</p> <p>NCB in your expiring policy _____ %</p> <p>Previous Insurer: _____ Branch: _____</p> <p>Address: _____</p> <p>Was any claim reported during the expiring policy period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Claims reported in Last 5 Years:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Year</td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">4</td> <td style="width: 10%;">5</td> </tr> <tr> <td style="font-size: 8px;">No. Of Claims</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="font-size: 8px;">Amount</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Are you entitled for NCB on renewal? (Refer NCB Declaration) Yes <input type="checkbox"/> No <input type="checkbox"/> %</p> <p>13. Has any Insurance Company ever* :</p> <p><input type="checkbox"/> Declined your Proposal <input type="checkbox"/> Required an Increase in Premium/Loading</p> <p><input type="checkbox"/> Cancelled or Refused Renewal <input type="checkbox"/> Imposed Special Conditions or Excess _____ %</p>	Year	1	2	3	4	5	No. Of Claims	_____	_____	_____	_____	_____	Amount	_____	_____	_____	_____	_____
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Application No : **APN05061959**

Desired from* To midnight of*

Note: Cover will commence not earlier than the Date and Time of Acceptance of Risk and/or Issuance of Cover Note subsequent to payment of premium

Self Driving experience* Years

PAID DRIVER Name: Name:
 ANY OTHER Age: Years Gender: Male Female Hypothecation
 Educational Qualification: Hire Purchase Contract/Loan Application No.
 Marital Status: Married Single Driving experience*: Years Lease

Un-Named Persons Personal Accident Cover for seating capacity, including driver

(Max Rs. 200,000/- each in Multiples of Rs. 10,000/-) CSI Rs.

Wider Legal Liability to Paid Driver

Personal Accident Cover for Owner Driver is compulsory*. Please give details of nomination:

(a) Name of the Nominee & Age:
 (b) Relationship:
 (c) Name of the Appointee (If Nominee is a Minor):
 (d) Relationship to the Nominee:

(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs.1,00,000/- for Two Wheelers and Rs.2,00,000/- for Private Cars.

2. Compulsory PA cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving licence)

Do you wish to include Personal Accident cover for named persons? If YES, give name and Capital Sum Insured (CSI) opt for:

No.	Name	CSI Opted (Rs.)	Nominee*	Relationship
1.				
2.				
3.				

(Note: 1. The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakhs in the case of Motorized Two Wheelers)

Liability to Employees travelling/driving the vehicle (other than paid driver) Nus.

Liability to Soldier/Sailor/Airmen employed as driver in private capacity. (applicable for Private Car only)

Loss of accessories by Burglary, House breaking and Theft (applicable for Two Wheelers only)

Imported vehicle without payment of customs duty

Extension to Countries (Bangladesh, Nepal, Bhutan, Pakistan, Maldives, Sri Lanka)

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

Name of Automobile Association:

Membership No.: Expiry Date:

Third Party Property Damage Cover restricted to Rs. 6000/- only

Voluntary Deductible chosen over and above Compulsory deductible

In case of Private Car, options available are:

Rs. 2500/- Rs. 5000/- Rs. 7500/- Rs. 15000/-

In case of Two Wheeler, options available are:

Rs. 500/- Rs. 750/- Rs. 1000/- Rs. 1500/- Rs. 3000/-

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 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.

Vintage Car certified by Vintage and Classic Car Club of India.

Gold

- Repair of Glass, Fiber, Plastic & Rubber Parts
- Loss of Personal Belongings
- Emergency Transport & Hotel Expenses
- Key Replacement

Pearl

- Repair of Glass, Fiber, Plastic & Rubber Parts
- Loss of Personal Belongings
- Emergency Transport & Hotel Expenses
- Key Replacement
- Depreciation Reimbursement

Pearl Plus

- Repair of Glass, Fiber, Plastic & Rubber Parts
- Loss of Personal Belongings
- Emergency Transport & Hotel Expenses
- Key Replacement
- Depreciation Reimbursement
- Engine Secure
 - With deductible
 - Without deductible
- Consumable Expenses

Titanium

- Repair of Glass, Fiber, Plastic & Rubber Parts
- Loss of Personal Belongings
- Emergency Transport & Hotel Expenses
- Key Replacement
- Depreciation Reimbursement
- Daily Allowance

Platinum

- Repair of Glass, Fiber, Plastic & Rubber Parts
- Loss of Personal Belongings
- Emergency Transport & Hotel Expenses
- Key Replacement
- Depreciation Reimbursement
- Daily Allowance
- Return to Invoice (Not applicable for used cars)

No Claim Bonus Protection (Eligibility: Minimum 25% Bonus and no claim in previous 2 years)

Repair of Glass, Fiber, Plastic & Rubber Parts

Loss of Personal Belongings Rs 10000 Rs 50000 Any other

Emergency Transport & Hotel Expenses Rs 10000 Rs 50000 Any other

Key Replacement Rs 25000 Rs 65000

Depreciation Reimbursement

Daily Allowance

Return to Invoice (Not applicable for used cars)

Courtesy Hire Car

Consumable Expenses

Engine Secure

With deductible

Without deductible

Tyre Secure

Depreciation Basis

Full Replacement Basis

Application No :

APN05061959



Depreciation Allowance and Return to Invoice Return to Invoice

"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 procedure/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."

No Claim Bonus* (if NCB confirmation is not submitted but NCB claimed.)

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 Section I of the Policy will stand forfeited.

AML Guidelines

I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

INSURANCE Act 1938 Section 41- Prohibition of Rebates

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out, renew, or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate or 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 an policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES

Sources of funds (please ✓ where applicable) :

Salary Business Other (Please specify) _____

Premium paid by Cash/Cheque No* : _____ Amount*(Rs.) _____

Insured's PAN card Number : _____ in the absence of PAN Card, please give details of any other authorized photo identification card.

Card Type _____ Number _____

Place: _____ Date: _____

Signature of Registered owner of the Vehicle*

Fleet/Corporate/Branch Approval No : _____

Recommendation Approval : _____

Approving Authority Name, Signature & Date : _____

FOR OFFICE / PRODUCER USE ONLY:

Vehicle Inspection No : _____

Date: _____ Time: _____

Name of Inspecting Agency: _____

Signature & Stamp of Inspection Agency

For PRODUCERS'S USE ONLY		DOCUMENTS ATTACHED*	RATING CHART*	PRIVATE CAR
Producer Code	_____	Covernote Copy	On Vehicle IDV	TP Premium (Rs.784/-, 925/-, 2853/-)
Producer Name	_____	Receipt Copy	CNG/LPG Kit IDV@4%	CNG/LPG +Rs.60/-
Covernote No	_____	Expiring Policy with Schedule/Covernote Renewal Notice	if Externally Fitted	Overier Driver PA (Rs.100/-)
Cancelled Cover Note if any	_____	Sale proof (RC Copy/Form 29 & 30)	Electrical Accessory@4%	Paid Driver (Rs.25/-)
Cash/Cheque No.	_____	NCB Reserving(original)	Loading, if any Discounts	PA to Passengers (Rs.5/- per 10,000)
Cheque Date	_____	Payment instrument	(-) Voluntary Ex.	Total Liability Premium (B)
Fleet/Corporate/ Branch Approval No.	_____	Inspection Report	(-) Anti Theft Device @2.5% Max 500/-	Total Premium (A+B) Home Insurance (C) Personal Accident Insurance (D)
PREMIUM (Rs.)	_____	Anti theft device AAI Certificate	(-) AAI Discount @ 5% Max 200/-	Service Tax (As applicable)
Business of	Rural Social Others Branch	Cancelled Covernote if any	(-) NCB@ %	
Producer's Sign*	_____	Others		
	Operation Executive Sign & Date		Total OD Premium (A)	TOTAL AMOUNT (A To E)

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

Tata AIG General Insurance Company Limited

Registered office : Peninsula Corporate Park, Piramal Tower, 9th Floor, G.K. Marg, Lower Parel, Mumbai – 400013. Toll Free Helpline No. 1800 266 7780

VER.3/Nov/2012