

AutoSecure

Private Car / Two Wheeler Package Policy

Proposal Form



Application No.: _____

Note:

(1) Policy wordings are available on request. (2) Please complete all sections in capitals and tick the 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 Vehicle used for Social, Domestic, Pleasure and Professional Purpose only (**Not for Hire or Reward**)

Cover Desired: Package Package (Fire & Theft) Package (Fire only) Package (Theft Only)
 Proposal for: New Policy Endorsement

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

Proposer's Details: (Please leave space between the name)

1. Name (Registered Owner of the Motor Vehicle)*

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

2. Date of Birth*:

Marital Status: Married Single Sex: M F

3. Educational Qualification:

4. Occupation :

Business Service Professional Others: _____ (Please Specify)

5. Address (for Communication)*:

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

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

Make*	Model*	Date of Registration*	Year of Manufacture*	RTO where vehicle is/will be Registered*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration No. *	Engine No. *	Chassis No. *	Cubic Capacity*	Seating Capacity* (incl. Driver)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Last 12 Characters only * Last 12 Characters only

6. Vehicle Purchased is :

Brand New Used

7. Vehicle Type :

Indigenous Imported

8. Fuel Type :

Petrol Diesel CNG/LPG Others

9. 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	% of Depreciation
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 manufacturers 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 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 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 vehicle 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.	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%

10. Insured's Declared Value (IDV)*:

Amount (Rs.)

Vehicle Value	<input type="text"/>
Side Car Value (applicable for Two Wheelers only)	<input type="text"/>
Non-Electrical Accessories (Other than factory fitted)	<input type="text"/>
Details:	
Electrical Accessories (Other than factory fitted)	
Make	<input type="text"/>
Model	<input type="text"/>
Year	<input type="text"/>
IDV (Rs.)	<input type="text"/>
CNG/LPG kit (Not provided by manufacturers)	<input type="text"/>
Total IDV.	<input type="text"/>

UIN - TAG-MO-P14-04-V02-14-15 (Two Wheeler Package Policy)

11. Previous Insurance Particulars*: (Attach Expiring Policy Copy with Schedule or Cover note as Proof of Insurance)

Is the previous insurance in your name? Yes No
 Type of Cover: Act Policy Package
 Expiring Policy / Cover Note No.: _____ Expiry Date: D D M M Y Y Y Y
 NCB in your expiring policy %
 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 %

12. Has any Insurance Company ever*:

Declined your Proposal Required an increase in Premium / loading %
 Cancelled or Refused Renewal Imposed Special Conditions or Excess

13. Period of Insurance:

Desired from* D D M M Y Y Y Y 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

14. 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

15. Financier's Details:

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

16. Extra Benefits for an additional premium (Please tick✓)

- 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 driver's licence.

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

	Name	CSI Opted (Rs.)	Nominee*	Relationship
1)				
2)				
3)				

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

- Liability to Employees travelling/driving the vehicle (other than paid driver) Nos.
- Liability to Soldier/Sailor/Airman 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)

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

Name of Automobile Association: _____
 Membership No.: Expiry Date: D D M M Y Y Y Y
 Third Party Property Damage Cover restricted to Rs. 6,000/- only
 Voluntary Deductible chosen over and above Compulsory deductible
 In case of Private Car, Options available are (In multiple of Rs 500):
 Rs. 1000/- to Rs 2000/- Rs 2500/- to Rs 5000/- Rs 5000/- to Rs 7000/- Rs 7500/- to Rs 9500/-
 Rs 10000/- to Rs 12000/- Rs 12500/- to Rs 20000/-
 In case of Two Wheelers, Options available are:
 Rs 500/- to Rs 999/- Rs 1000/- to Rs 1499/- Rs 1500/- to Rs 1999/- Rs 2000/- to Rs 2499/- Rs 2500/- to Rs 2999/-
 Rs 3000/- to 3499/- Rs 3500/- to Rs 3999/- Rs 4000/- to Rs 4499/- Rs 4500/- to 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 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 Tuitions. Vintage Car certified by Vintage and Classic Car Club of India.

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.25,000

Section 41 of Insurance Act 1938 (Prohibition of rebates)

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 type="text"/> Producer Name _____ Covernote No. <input type="text"/> Cancelled Covernote if any _____ Cash/Cheque No. <input type="text"/> Cheque Date <input type="text"/> Fleet/Corporate/ Branch Approval No. <input type="text"/> PREMIUM (Rs.) <input type="text"/> Business of : <input type="checkbox"/> Rural <input type="checkbox"/> Social <input type="checkbox"/> Others	<input type="checkbox"/> Covernote Copy <input type="checkbox"/> Receipt Copy <input type="checkbox"/> Expiring Policy with Schedule/Covernote <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's Sign* _____	Operation Executive Sign & Date _____

RATING CHART*		PRIVATE CAR	
On Vehicle IDV		TP Premium (As applicable)	
CNG/LPG Kit IDV @ 4% (If Externally Fitted)		CNG/LPG (Rs. 60/-)	
Electrical Accessory @ 4%		Owner Driver PA (Rs. 100/-)	
Loading/Discounts if any		Paid Driver (Rs. 50/-)	
(-) Voluntary Ex.		PA to Passengers (Rs.5/- per10,000)	
(-) Anti Theft Device		Total Liability Premium (B)	
@ 2.5%Max 500/-		Total Premium (A+B)	
(-) AAI Discount		Service Tax (As applicable) (C)	
@ 5% Max 200/-			
(-) NCB@ %			
Total OD Premium (A)		Total Amount (A to C)	

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

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