

Auto Secure

Commercial Vehicle Package Policy

Proposal Form



WITH YOU ALWAYS

Application No.:

Note:

(1) Please complete all sections in capitals and tick boxes wherever applicable incomplete applications will not be entertained (2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. (3) Please attach separate sheet if space is insufficient (4) Geographical area of operation: India (5) Proposed vehicle will have to be produced for inspection by our representative and all vehicle documents will have to be produced in original for our verification prior to granting of insurance cover.

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

Proposal for: New Policy Endorsement

Cover Desired: Package Package (Fire & Theft) Package (Fire Only) Package (Theft Only)

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. Occupation :

Business Service Professional Others: _____ (please specify)

4. Address (for Communication)* :

City

State PIN

Tel.: (O) (R)

Mobile: E-mail

5. Registration Address*:

City

State PIN

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

| Registration Mark & No.* | Engine No.* | Chassis No.* | Make* | Model* | Cubic Capacity* |
|-----------------------------|--|----------------------|-----------------------|----------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gross Vehicle Weight (GVW)* | Licensed Carrying Capacity (Including Driver)* | Type of body* | Date of Registration* | Year of Mfg.* | RTO where vehicle is registered* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Luggage / Caravan Trailer Registration No.:

A. *Vehicle purchased: Brand New Used

B. * Date of purchase:

C. *Vehicle Type: Indigenous Imported

D. *Purpose for which vehicle will be used: Goods carrying (Private Carrier) Goods carrying (Public Carrier)
 Within own Premises Private & Commercial purposes (not for hire)
 Passenger Carrying Any other - Please specify _____

E. *Type of road where vehicle would normally ply: Hilly Road National/State Highways
 City - Town Road District Road Other _____

F. *Nature of goods normally carried: Hazardous Non-Hazardous

G. If hazardous, give details of hazardous substance: _____

H. Anti-theft device in vehicle: Electrical Manual
 Electrical & Manual None

I. Is the vehicle fitted with Anti-theft

device approved by the ARAI, Pune?

Yes

No

If yes, attach Certificate of installation in the vehicle issued by Automobile Association of India.

J. Fuel Type :

Diesel

CNG / LPG

Petrol

K. Whether vehicle is fitted with fibre glass tank ?

Yes

No

L. *Type of Permit (Goods Carrying Vehicle):

National

State

Local

Zonal

Hilly Areas

M. If National permit, specify States where vehicle would be plying _____

N. *Type of Permit (Passenger Carrying Vehicles):

Stage Carriage

Contract Carriage

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

P. * Is the vehicle owned /hired / leased / permitted or likely to be owned /hired / leased / permitted by state transport

authorities for the purpose of public transport

YES

NO

7. Previous Insurance particulars*:

| A. | Name & Address of the Policy Issuing Office* | Policy Number* | Date of Expiry* | Type of Cover * | Claims lodged during the Preceding 5 years* | | |
|----|--|----------------|-----------------|-----------------|---|-----|--------|
| | | | | | Year | No. | Amount |
| | | | | | | | |

B. Are you entitled to a NO CLAIM BONUS from your previous insurer -

if YES _____% please attach renewal notice from previous Insurer.

YES

NO

8. Is the vehicle specially designed for the use by a handicapped person and /or owned by an institution exclusively engaged in service of the blind, handicapped and mentally retarded children or adults?

YES

NO

9. * Insured's Declared Value

| Insured's Declared Value of vehicle* | Non-electrical accessories fitted to the vehicle* | Electrical & Electronic accessories fitted to the vehicle | Side Car (two wheeler)/ Trailer (Other)* | Value of CNG/ LPG Kit* | Total Value* |
|--------------------------------------|---|---|--|------------------------|--------------|
| Rs. | Rs. | Rs. | Rs. | Rs. | Rs. |

Note:

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the "SUM INSURED" for the purpose of this tariff 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 commencement of insurance / renewal, and adjusted for depreciation (as per schedule specified below). 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 below 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 exceeds 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV

| AGE OF THE VEHICLE | % OF DEPRECIATION FOR FIXING IDV |
|---|----------------------------------|
| 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% |

Note:

IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

Risk Exclusion / Inclusion

10. Indicate the relevant additional risks you wish to cover :

- Extension of cover to Nepal / Bhutan / Lahore / Bangladesh / Sri Lanka / Maldives (Specify) _____
- Loss of accessories by Burglary, Housebreaking & Theft (Scooter only)
- Deletion of IMT 21
- Overturning Risk for specified misc. vehicle

11. Indicate your preference for additional legal liabilities you wish to cover / restrict :

- Limit Third Party Property Damage to Rs. 6000/-
- Paid Driver / Conductor / Cleaner employed in operation of vehicle. No. of persons
- Employees travelling in / driving the vehicle other than paid driver / Conductor / Cleaner No. of persons
- Non-fare paying passenger No. of persons

12. Indicate your preference for Personal Accident Benefit (Max. Capital Sum Insured (CSI) per person Rs. 2,00,000/- only, in multiple of Rs. 10,000/-) to paid driver, cleaners and conductors) : No. CSI Per person

13. *Owner Driver Personal Accident cover (If owner has a valid driving license and has not opted this cover on any vehicle owned by him). – Not for Firms (Personal Accident Cover for Owner Driver is compulsory)

Please give details of nomination* :

- a. Name of the Nominee & Age : _____ Yrs
- 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. 2,00,000/-.
2. Compulsory Personal Accident cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate of where the owner-driver does not hold an effective driving licence.

Personal Accident Cover for Named Occupants (IMT-15)

14. Do you wish to include Personal Accident cover for named persons ? Yes No
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 lakhs)

Insurance Details

15. Period of Insurance Desired from* : to midnight of

Note: The cover will start not earlier than the date and time of payment of premium, acceptance of risk and / or issuance of the covernote.

16. Has any Insurance company ever*:

- Declined your proposal Cancelled or refused to renew
 Required an increase in premium Imposed special conditions or excess

17. Is the vehicle proposed for insurance under:

- Hire purchase Agreement Name of Financier : _____
 Hypothecation Agreement Address _____
 Lease Agreement _____
City _____ Pin Code _____

Driver Details

18. Indicate the driver who normally drives the vehicle : Self Paid driver Any other

Please provide details :

A. Driving License Number Issue Date :

B. Place of Issue : _____ C. Driving experience : years

Number of accidents, if any, in the past : _____

| Driver's Name | Date of Accident | Circumstances of Accident / Claim | Loss / Cost Rs. |
|---------------|------------------|-----------------------------------|-----------------|
| | | | |

D. Has he / she ever been convicted YES NO

E. Does the driver suffer from defective vision or hearing or any physical infirmity. YES NO

If "yes" please give details _____

Additional details to be filled in case the main driver is any person other than self. Please provide details:

- a) Name
- b) Sex : Male Female c) Date of Birth / Age in years
- d) Martial Status : Married Single
- e) Drivers' educational Qualification : Below 10th Std. 10th Std. Pass 12th Std. Pass Graduate / Post graduate

19. Add On Covers

- Depreciation Re-imburement Additional Transportation Expenses
 Repair of Glass, Fiber, Plastic & Rubber Parts Loss of equipments / goods (For Private Carrier Only)
 Loss of Income EMI Protector

20. Please attach the following documents (Please produce the originals for verification alongwith this proposal form):

- Copy of Registration Certificate
- Copy of expiring insurance policy
- Copy of Renewal Notice / NCB Certificate

21. Any other material facts relevant for this insurance : _____

Premium paid by cash / Cheque No. _____ Date Amount (Rs.) _____

Bank _____ Branch _____

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

Card Type _____ Number :

Sources of funds (please ✓ where applicable) : Salary Business Other (Please specify) _____

AML Guidelines

1. 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.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. 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.

• **Nationality :** Indian Non-Indian If Non-Indian, please specify Country : _____

• Type of Organization

Corporations Governments Non Governmental Organizations Society
Trust Partnership International Organization Cooperatives Section 25 Company

Declaration

"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 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".

*Declaration for No Claim Bonus (If NCB confirmation is not submitted but NCB claimed) (Strike off if 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 Section-1 of the Policy will stand forfeited.

Place : _____

Signature and Seal of the Financier

Date

Signature of the Registered Owner of the vehicle*

For Producer's use only

Producer Code : _____
Producer Name : _____
Cover Note No. _____
Date _____ Premium Rs. _____
Cheque No. _____ Bank: _____
Date _____
Vehicle rated under Zone-A Business of Rural
Zone-B Social Sector
Zone-C
Producer's Signature _____

For Office use only

Vehicle Inspection Report

The vehicle proposed for insurance has been physically inspected on at _____.

The details of the inspection are:

1. Colour _____
2. Odometer / Kilometer reading _____
3. Detail the visible damages, if any _____
4. Period of break in insurance : Less than 30 days / > 30 days and < 1 year > 1 year
5. Recommendations : _____
6. Corporate Approval No. _____

Signature

Name / Designation _____

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 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 the 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 prospectus or tables of the Insurer. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHED WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

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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