

# 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\*:

D D M M Y Y Y Y

Marital Status: Married

Single

Sex: M  F

3. Educational Qualification:

4. Occupation :

Business

Service

Professional

Others: \_\_\_\_\_ (Please Specify)

5. Address (for Communication)\*:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 State \_\_\_\_\_ City \_\_\_\_\_  
 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*

Registration No. *	Engine No. *	Chassis No. *	Cubic Capacity*	Seating Capacity* (incl. Driver)

\* 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**

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.

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%

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

Amount (Rs.)

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

**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: \_\_\_\_\_

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.

For Private Car Package Policy – UIN not allotted by IRDAI/For Two Wheeler Package Policy – UIN No. TAG-MO-P14-04-V02-14-15

**18. Extended Covers:**

- 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.

**19. Add on Covers - Private Car (You may opt for these covers either from bundled options or individual covers)**

<input type="checkbox"/> Gold	<input type="checkbox"/> Pearl	<input type="checkbox"/> Pearl Plus	<input type="checkbox"/> Titanium	<input type="checkbox"/> Platinum	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Sapphire Plus
• Repair of Glass, Fibre, Plastic & Rubber Parts	• Gold	• Gold	• Gold	• Gold	• Gold	• Gold
• Loss of Personal Belongings	• Depreciation Reimbursement	• Depreciation Reimbursement	• Depreciation Reimbursement	• Depreciation Reimbursement	• Depreciation Reimbursement	• Depreciation Reimbursement
• Emergency Transport & Hotel Expenses		• Engine Secure – with deductible	• Daily Allowance	• Daily Allowance	• Consumable Expenses	• Consumable Expenses
• Key Replacement		• Consumable Expenses		• Return to Invoice	• Tyre Secure – Full Replacement Basis	• Tyre Secure – Full Replacement Basis
• Road Side Assistance						• Engine Secure – with deductible

**Individual Covers**

- No Claim Bonus Protection (Eligibility: Minimum 25% Bonus and no claim in previous 2 years)
- Repair of Glass, Fibre, Plastic & Rubber Parts
- Loss of Personal Belongings Rs. 10,000  Rs. 50,000  Any other \_\_\_\_\_
- Emergency Transport & Hotel Expenses Rs. 10,000  Rs. 50,000  Any other \_\_\_\_\_
- Key Replacement Rs. 25,000  Rs. 65,000
- Depreciation Reimbursement  Daily Allowance
- Return to Invoice (Not applicable for used cars)  Road Side Assistance
- Consumable Expenses
- Engine Secure
- With deductible  Without deductible
- Tyre Secure
- Depreciation Basis  Full Replacement Basis

**20. Add on covers (Two wheeler)**

- Depreciation Allowance  Return to Invoice  Consumable Expenses
- Emergency medical expenses (In multiple of Rs. 5,000/-) Rs. \_\_\_\_\_ (minimum Rs. 5,000/- & maximum Rs. 1,00,000/-)
- Additional Third Party Property Damage Cover (In multiple of INR 50,000/-) Rs. \_\_\_\_\_ (minimum Rs. 50,000/- & maximum Rs. 15,00,000/-)
- Additional Personal Accident Cover to Owner-Driver (In multiple of Rs. 50,000/-) Rs. \_\_\_\_\_ (minimum Rs. 1,00,000/- & maximum Rs. 15,00,000/-)
- Additional Personal Accident Cover to Unnamed Persons (In multiple of Rs. 50,000/-) Rs. \_\_\_\_\_ (Number of persons \_\_\_\_\_) (minimum Rs. 1,00,000/- & maximum Rs. 15,00,000/-)

**21. Any other Material Facts relevant for this Insurance**

\_\_\_\_\_

Sources of funds (please ✓ where applicable) : Salary  Business  Other (Please Specify) \_\_\_\_\_

Premium paid by Cash / Cheque No. \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Card Type \_\_\_\_\_ Number : \_\_\_\_\_

**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.

• Nationality : Indian  Non-Indian  If Non-Indian, please specify the Country : \_\_\_\_\_

• 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/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.

No Claim Bonus\* (if NCB confirmation is not submitted but NCB claimed.) (Strike off what ever 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 Section I of the Policy will stand forfeited.

Place: \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_  
Signature of the Registered owner of the Vehicle\*

**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)**

- 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.
- 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: <input type="text"/> Covernote No.: <input type="text"/> Cancelled Covernote if any: <input type="text"/> 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: <input type="text"/>
Producer's Sign* <input type="text"/>	Operation Executive Sign & Date <input type="text"/>

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

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013  
 24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tata-aig.com  
 Website: www.tataaiginsurance.in IRDAI No: 108 CIN:U85110MH2000PLC128425