



1. This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2. The information declared by you in this form is the basis for issuance of the policy. 3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancelation of policy. Please fill-up this form in CAPITAL LETTERS

POS PAN No.\* \_\_\_\_\_ (Mandatory for POS Agent) Proposal Form Number \_\_\_\_\_

Producer Name \_\_\_\_\_ Producer Code \_\_\_\_\_

### Proposer Details (In block letters)

Proposer Name \_\_\_\_\_

### Personal Details of persons proposed for Insurance

Person Name \_\_\_\_\_

Date of Birth: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 [D][D][M][M][Y][Y][Y][Y] Male  Female  Passport No. \_\_\_\_\_

PAN Card No. \_\_\_\_\_ In absence of Pan Card, please give details of any other authorized photo identification card Type and Number : \_\_\_\_\_

Pre-existing details (if any) Yes  No  If yes Details \_\_\_\_\_ Suffering since [M][M][Y][Y][Y][Y]

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_

Tel. with area code: In India \_\_\_\_\_ While Overseas \_\_\_\_\_

E-mail \_\_\_\_\_

Sources of funds (Tick where applicable)  Salary  Business  Others please specify \_\_\_\_\_

Purpose of visit:  Leisure  Employment  Business  Study  Others

### Nominee Details

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/ herself

Nominee Name	DOB*	Relationship	Address
	[D][D][M][M][Y][Y][Y][Y]		

If the Nominee is minor, Name and Address of Appointee and relationship with Minor

Appointee Name	Relationship	Address

### Additional Insured Family members (Spouse or Dependent Children) (Excluding Student)

	Name	Sex	Date of Birth	Passport No.	Pre-existing details (if any)	Details	Suffering since
1		[M][F]	[D][D][M][M][Y][Y][Y][Y]				[M][M][Y][Y][Y][Y]
2		[M][F]	[D][D][M][M][Y][Y][Y][Y]				[M][M][Y][Y][Y][Y]
3		[M][F]	[D][D][M][M][Y][Y][Y][Y]				[M][M][Y][Y][Y][Y]
4		[M][F]	[D][D][M][M][Y][Y][Y][Y]				[M][M][Y][Y][Y][Y]

### Travel Details

Insurance Plan Requested:  Silver  Gold (I understand that sub limits will apply on Sickness Medical Reimbursement cover for Insured Person aged between 56 and 70 years)

Places of Travel: \_\_\_\_\_

Departure from India [D][D][M][M][Y][Y][Y][Y] Return to India [D][D][M][M][Y][Y][Y][Y] Number of Days [ ][ ][ ]

### Payment Details

Name of the Premium Payer \_\_\_\_\_

Relationship with the proposer \_\_\_\_\_ Premium Amount (in Rs.) \_\_\_\_\_

Instrument type:  Cash  Cheque  Debit Card  Credit Card  Others \_\_\_\_\_

Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.

**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

**DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED -**

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize Tata AIG General Insurance Company Limited and associate partners to contact me via e-mail, phone or SMS.

Date:         Place: \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

**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 statues, 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

**Additional Information**

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Signature of the Insured Person / Proposer \_\_\_\_\_ Date:

**Declaration :** The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: \_\_\_\_\_ Name & Signature of agent/intermediary: \_\_\_\_\_ Code: \_\_\_\_\_

**AGENT DECLARATION**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)

Name of the specified Person and code

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

**Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.**

- 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.

**Disclaimer:** Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.

**Section 64 VB of the Insurance Act 1938:** Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

**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 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com  
 IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425 Ver: TA/RT/PF/V1.0/Sept20

Asia Travel Guard Policy - UIN : TATTIOP21190V022021