



To help us serve you better, kindly ensure that the form is completely filled
(This Insurance does not commence until the proposal is accepted and premium is realized by Tata AIG General Insurance Company Limited)

Form Number

Personal Details (In block letters)

Producer Name

Producer Code

Payment / Insurance Details

Policy Number Payment Mode : Cheque DD Cash
(Payable to Tata AIG General Insurance Company Limited)

Cheque / DD No. Date:

Bank Name Deposit Slip No.

PAN Card No. In the absence of PAN Card, please give details of any other authorized photo identification card.

Sources of funds (please where applicable) Insurance Plan Requested

Card Type Number :

Salary Business Other (Please specify)

Silver Gold

I understand that sub limits will apply on Sickness Medical Reimbursement cover for insured persons aged between 56 and 70 years

Travel Details

Places of Travel

1.

2.

3.

Departure from India:

Return to India: Number of days

Purpose of visit Leisure Employment Business Study Others

Personal Details

Insured Name

Date of Birth Male Female Passport No.

Name of the organization

Nominee Name

Relationship with insured

Residential Address

City

State PIN

Tel. with area code: In India While Overseas

E-mail

Additional Insured Family Members (Spouse or dependant children)

	Name	Sex	Date of Birth	Passport No.	Nominee name	Relationship
1	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nominee should be an immediate relative of the insured.

In the event of the death of the proposed Insured, any payment due under the policy shall become payable to the nominee in accordance with the policy terms & condition.
*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor

Appointee Name	Relationship	Address of the Appointee
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declarations

1. Have you received any advice / treatment / consultation for any medical condition in the last 5 years : Yes No
If yes, please specify details of Treatment, Institution and Doctor (Identify per family member)

Member	Treatment	Institution	Doctor (Name and Contact No.)
You	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. I am/we are presently taking specific medication: Yes No
If yes, please name the prescribed medication you are taking (Identify per family member)

	You	Member 1	Member 2	Member 3
Prescribed medication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time (since)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. I am/we are covered under a domestic and overseas medical cover : Yes No
 If yes, please specify name, address and policy number of the insurance company.

Name	Policy No.	Insurance Company	Address

4. Family Doctor Name (1) _____ Contact Tel. No. _____
 (2) _____ Contact Tel. No. _____

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 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

PAN Card No. 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) _____

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: _____

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: _____

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: _____

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

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 the solicitation. For more details on risk factors, terms and conditions, please read sales brochure 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

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