



Home Secure (Householders) InstaChoice Policy

Proposal Form



WITH YOU ALWAYS

Application No.:

Proposer's Details

1. Name
Mr. / Mrs. / Ms. / Dr. / Prof. / M/s.

2. Date of Birth

3. Address for Communication
 City District
 State PIN
 Phone (O) (R)
 Mobile E-mail

Details of the Property to be Insured

4. Address
(If different from communication address above)

City District
 State PIN

(please where ever applicable)

Coverage	Benefits	Sum Insured	Premium	Checkbox	Sum Insured	Premium	Checkbox	Sum Insured	Premium	Checkbox	Sum Insured	Premium	Checkbox	Sum Insured	Premium	Checkbox
Fire & Allied Perils (Inc. Eq. & Terrorism)	(A) Building	500,000	228	<input type="checkbox"/>	1,000,000	455	<input type="checkbox"/>	1,500,000	683	<input type="checkbox"/>	2,000,000	910	<input type="checkbox"/>	3,000,000	1,365	<input type="checkbox"/>
	(B) Content	200,000	91	<input type="checkbox"/>	400,000	182	<input type="checkbox"/>	600,000	273	<input type="checkbox"/>	800,000	364	<input type="checkbox"/>	1,500,000	683	<input type="checkbox"/>
	(C) Additional rent for alternative Accomodation (Maximum SI Rs. 100000) (Option available only with Fire: Building Cover)	100,000	38	<input type="checkbox"/>	100,000	38	<input type="checkbox"/>	100,000	38	<input type="checkbox"/>	100,000	38	<input type="checkbox"/>	100,000	38	<input type="checkbox"/>
Burglary and Theft (On First Loss basis)	Contents	200,000	600	<input type="checkbox"/>	400,000	1200	<input type="checkbox"/>	500,000	1500	<input type="checkbox"/>	800,000	2400	<input type="checkbox"/>	1,500,000	4500	<input type="checkbox"/>
	Sub Limit Jewellery	50,000	600	<input type="checkbox"/>	100,000	1200	<input type="checkbox"/>	125,000	1500	<input type="checkbox"/>	200,000	2400	<input type="checkbox"/>	3,75,000	4,500	<input type="checkbox"/>
Breakdown of Electrical & Electronic Appliances	TV	15,000	150	<input type="checkbox"/>	25,000	250	<input type="checkbox"/>	35,000	350	<input type="checkbox"/>	50,000	500	<input type="checkbox"/>	75,000	750	<input type="checkbox"/>
	DVD player	3,000	30	<input type="checkbox"/>	4,000	40	<input type="checkbox"/>	6,000	60	<input type="checkbox"/>	8,000	80	<input type="checkbox"/>	10,000	100	<input type="checkbox"/>
	Music system	10,000	100	<input type="checkbox"/>	15,000	150	<input type="checkbox"/>	20,000	200	<input type="checkbox"/>	25,000	250	<input type="checkbox"/>	30,000	300	<input type="checkbox"/>
	Refrigerator	10,000	100	<input type="checkbox"/>	15,000	150	<input type="checkbox"/>	20,000	200	<input type="checkbox"/>	25,000	250	<input type="checkbox"/>	30,000	300	<input type="checkbox"/>
	Washing Machine	10,000	100	<input type="checkbox"/>	15,000	150	<input type="checkbox"/>	20,000	200	<input type="checkbox"/>	25,000	250	<input type="checkbox"/>	30,000	300	<input type="checkbox"/>
	Microwave	8,000	80	<input type="checkbox"/>	12,000	120	<input type="checkbox"/>	16,000	160	<input type="checkbox"/>	20,000	200	<input type="checkbox"/>	25,000	250	<input type="checkbox"/>
Baggage Cover		2,000	15	<input type="checkbox"/>	3,000	23	<input type="checkbox"/>	5,000	38	<input type="checkbox"/>	8,000	60	<input type="checkbox"/>	10,000	75	<input type="checkbox"/>
Personal Accident		500,000	875	<input type="checkbox"/>	1,000,000	1,750	<input type="checkbox"/>	1,500,000	2,625	<input type="checkbox"/>	2,000,000	3,500	<input type="checkbox"/>	2,500,000	4,375	<input type="checkbox"/>
Public Liability (Including Workmen Compensation)		20,000	20	<input type="checkbox"/>	30,000	30	<input type="checkbox"/>	50,000	50	<input type="checkbox"/>	75,000	75	<input type="checkbox"/>	100,000	100	<input type="checkbox"/>
Basic Premium																
Section Discount																
Premium net of section discount																
Service Tax (As Applicable)																
Total Premium																

Section discount is available based on number of coverages selected. Premium mentioned above is exclusive of section discount. Section Discount structure: 4 coverages – 10%, 5 to 6 coverages – 15%

Details of Building Coverage opted

5. Age of building: < 5 Years 5 to 10 Years 10 to 20 Years 20 to 30 Years 30 to 40 Years > 40 Years

6. In case of hypothecation, Name and Address of the Mortgagee/Financier

7. Details of items of value over 20% of sum insured under Contents "Fire" & "Burglary & Theft"

8. In case of more than one TV: TV1 Make / Model TV 2 Make / Model

9. Period of insurance required: from to

Personal Accident Details

(Applicable only to persons in the age group of 12-70 years): Sum Insured would be for the entire family, with the proposer's sum insured being 50% of it and the sum insured for the spouse being 50% of the balance. The balance sum insured would be available equally for all the children. In case of no children sum insured would be equally divided between proposer and spouse.

Name of Insured	Date of Birth (DD/MM/YYYY)	Occupation	Relationship with the Proposer	Details of existing infirmity/ disability	Name of Assignee	Relationship to Proposer (Assignee)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Homeseure (Householders) Instachoice Policy UIN: IRDAN108P0009V02100001

Note: 1) Please tick the boxes wherever applicable. 2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. 3) Applicable only for residential buildings with RCC/RBC/Tiles/ACC roof and external walls of Burnt bricks/Stone/Concrete blocks. 4) All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the insurance cover. 5) Policy wordings are available on request. 6) All the fields are mandatory and must be filled up. 7) You can opt for sum insured suitable to your requirement from the options given against each benefit. 8) Maximum liability in respect of single item of jewellery is restricted to Rs.50,000. 9) If the sum insured under Benefit - Fire is equal to or less than 85% of the full value of the property at the time of breaking out of fire and allied perils then the insured shall be considered his own insurer for the difference and shall bear a rateable proportion of the loss. 10) Maximum liability in respect of a single item under Benefit "Fire" or "Burglary & Theft" is restricted to 20% of the contents value unless specifically declared. 11) Property in basement shall not be covered. 12) All items covered under breakdown of Electrical & Electronic items should not be more than 8 year old. 13) "Fire" and "Burglary & Theft" cover for contents is mandatory. 14) Sum insured for Benefit: Burglary & Theft must not be less than 50% of contents sum insured under Benefit Fire.

Premium paid by cash / Cheque No. _____ Date DDMMYYYY 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 : _____

Producer Name _____ Producer Code _____

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

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

Declaration (Other than Personal Accident section)

I/We desire to insure with Tata AIG General Insurance Company Limited in respect of the home 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 have 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 and 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 of the regulations internal or external to the company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversations. I/We agree that the insurance would be effective only on acceptance of this application by the company and the payment of requisite premium by me/us in advance. In the event of the non realization of the cheque or non receipt of the amount of the 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 and Warranty on behalf of all persons proposed to be insured under Personal Accident

- 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 and 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.

Date DDMMYYYY

Place : _____

Signature of the Proposer

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 Applicant: _____

Name & Signature of agent/intermediary/Specified Person: _____

Code: _____

Vernacular Declaration (Certification in case the applicant 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 applicant who has understood and confirmed the same.

Signature/Thumb impression of the Applicant: _____

Name & Signature of agent/intermediary/Specified Person: _____

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

Specified Person Details

SP Certificate No

SP Name

SP Signature

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.
- No person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh 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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24X7 Toll Free No: 1800 266 7780

Fax: 022 6693 8170

Email: customersupport@tataaig.com

Website: www.tataaig.com

IRDAI No: 108

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