

# Personal Extended Protection Policy

# Proposal Form



WITH YOU ALWAYS

### Insured Details (In block letters)

Name of insured:

Residential Address:

City  State

PIN  STD Code

Date of Birth  Occupation

Contact Information Mobile  Phone  /

Email

Number of payment cards you would like to insure with us: \_\_\_\_\_

Card Number	Type	Issuer	Expiry Date

Period of Insurance : From \_\_/\_\_/\_\_ Hrs. On  To Mid Night of

Coverage for SIM card required: Yes  No

If yes, pl. provide details of Service provider and Sim Serial Number: \_\_\_\_\_

Are the cards currently in good standing? \_\_\_\_\_ (cards must be in good standing to qualify for coverage)

Please check the coverage you would like to have and state the desired limits and deductible: \_\_\_\_\_

(All figures in Rupees)

Coverage	Occurrence Limits	Aggregate	Deductible	Total Premium
<b>A. Personal Identity Protection</b>				
<input type="checkbox"/> Identity theft				
<input type="checkbox"/> Lost wages sub-limit				
<input type="checkbox"/> Fraudulent charge				
<input type="checkbox"/> ATM assault and robbery				
<input type="checkbox"/> Lost wallet coverage				
<b>B. Personal Traveling Protection</b>				
<input type="checkbox"/> Personal trip liability coverage				
<input type="checkbox"/> Personal trip effects coverage				
<input type="checkbox"/> Money & cheques sub-limit				
<input type="checkbox"/> Home protection while you are away				
<input type="checkbox"/> Money & cheques sub-limit				
<b>C. Personal Credit Card Protection</b>				
<input type="checkbox"/> Price protection				
<input type="checkbox"/> Purchase protection				
<input type="checkbox"/> Key replacement coverage				
<b>Subtotal</b>				
<b>Discount %</b>				
<b>Basic Premium</b>				
<b>Add: Service Tax</b>				
<b>Total Premium</b>				

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) \_\_\_\_\_

Producer Name

Producer Code

**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

**Declaration**

"I/We desire to insure with Tata-AIG General Insurance Company Limited my/our payment cards 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/regulation 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.

Place \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Signature of the Proposer \_\_\_\_\_

**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: 

D	D	M	M	Y	Y	Y	Y
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Signature of Agent: \_\_\_\_\_

**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 :	<input type="checkbox"/> SB Account		<input type="checkbox"/> Current Account		<input type="checkbox"/> 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

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

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**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.

**Grievance Redressal Procedure:** As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation 2017.

**Tata AIG General Insurance Company Ltd.**

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

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

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