



Application No:

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. Items marked with * are mandatory.

Proposer's Details:

1. Name of the Proposer*: Mr. Mrs. Ms. Dr. PhD. M/s

2. Date of Birth*: 3. Sex: Male Female 4. Marital Status: Married Single

5. Occupation:

6. Address for communication*:

City: District:
State: Pin Code:
Tel: (O): (R): Mobile:
E-mail: @
GSTIN/UIN:

Details of the Property to be Insured:

7. Address of the property to be insured (Please provide only if this is different from the address of communication):

City: District:
State: Pin Code:

8. Age of the building*: < 5 years 5 to 10 years 10 to 20 years 20 to 30 years 30 to 40 years > 40 years

9. Type of Building*: Flat Bungalow Farm House

10. Built up Area of the Dwelling (Sq. ft): upto 500 500 – 1000 1000 – 1500 1500 - 2500 above 2500

11. On which Floor / Storey of the building is the premises located:

12. Is your property in the basement*: Yes No

13. Adjoining area of the Dwelling is occupied by: Residential Building Commercial Building Open space

14. Fire Extinguishing System Installed: Hand Appliance Hydrant Sprinkler None

15. Security available for the Property: Security Guard Electronic Device Common watchman Building boundary wall None

16. Are all openings protected with doors/windows/grills: Yes No

17. Do you wish to take coverage for Terrorism*: Yes No

Building Insurance : Required Not required

Whether the property is hypothecated Yes No

"If yes" Name & address of Mortgagee / Financier:

Benefit - Fire & Allied Perils		Sum Insured (Rs.)	Premium (Rs.)															
A)	Building (other than 'Kutchha' Construction) Please Indicate the present day cost of construction. (This cover does not include Land value)																	
B)	Contents (Excluding Jewellery & Valuables) belonging to the proposer and members of his/her family permanently residing with him/her (Pl. indicate present replacement value) Jewellery & Valuables(not exceeding 25% of Contents sum insured above)																	
	<table border="1"> <thead> <tr> <th>Particulars</th> <th>Number / Weight</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Particulars	Number / Weight	Sum Insured													i. Furnitures ii. Clothing iii. Domestic Electrical & Electric Appliances iv. Crockery/Utensils v. Others	
Particulars	Number / Weight	Sum Insured																
Note : 1. Cover desired on first loss basis - <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate first loss percentage: (25/50/65/75/>75) 2. Please furnish below the present day value of items of value more than 20% of total value of contents.																		
Sr. No.	Description	Value																

URN/Home/2017-18/HP01

C) Impact damage by own vehicle (Maximum limit of sum insured of contents & building)		
D) Additional Rent for Alternative Accommodation (Building cover is mandatory for owner occupant and contents cover for tenants) (Maximum indemnity of 12 months, maximum sum insured of Rs. 100,000)		
E) Loss of rent (Maximum sum insured of Rs. 100,000)		
F) Removal of debris (In excess of 1% of claim amount) (Maximum sum insured of Rs. 50,000)		
G) Architect, surveyors and consulting fees (In excess of 3% of claim amount) (Maximum sum insured of Rs. 50,000)		
H) Escalation		

Benefit - Public Liability	Sum Insured (Rs.)	Premium (Rs.)
Public Liability Workmen Compensation Liability for domestic servants (excluding gatekeepers, paid drivers and gardeners)		

Benefit - Burglary and Theft	Sum Insured (Rs.)	Premium (Rs.)
Contents – All contents in the premises stated at the above address Note: Insurance on contents should be for value equivalent to the value mentioned under 'Contents' under Benefit-Fire & Allied Perils B) above. Cover desired on first loss basis – <input type="checkbox"/> Yes <input type="checkbox"/> No indicate first loss percentage amount: (25/50/65/75/>75)		

Benefit - Pedal Cycle					Sum Insured (Rs.)	Premium (Rs.)
Sr. No.	Make & Name of Manufacturer*	Year of make*	Frame No.*	Value including Accessories*		
1.						
2.						
Total						

Benefit - Plate Glass – Please give description, size and location of glass				Sum Insured (Rs.)	Premium (Rs.)
Sr. No.	Description*	Size*	Location*		
1.					
2.					
Total					

Benefit - Baggage Insurance	Sum Insured (Rs.)	Premium (Rs.)
Total Value of Personal Baggage, Personal effects and other articles carried (during the period of Travel anywhere in the world)		

Benefit - Breakdown of Domestic Electrical and Electronic Appliances					
Please list the items which you wish to cover indicating the present day replacement value (only up to 8 years old).					
Sr. No.	Description/Make/Model*	Year of Make*	Serial No.*	Sum Insured (Rs.)	Premium (Rs.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Benefit - Marine Transit	Sum Insured (Rs.)	Premium (Rs.)
Contents	As in Benefit Burglary	

Payment Details

Amount (in Rs.)

Instrument type Cash Cheque Debit Card Credit Card Others : _____

Cheque / DD No. Date

Bank Name Branch

Credit / Debit Card No. Expiry Date

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 tick 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 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".

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 :

Place : _____

Proposer's Signature

For Producer's Use Only :

Producer's Code : _____ Field Receipt No.: _____ Date :

Premium Rs. _____ Cash / Cheque No.: _____ Bank _____

Date : Business of : Rural Social Sector Others _____

Producer's Signature

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

Insurance is the subject matter of the solicitation. For more details on risks factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

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. 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.

Tata AIG General Insurance Company Limited

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)	<input type="text"/>
Name of the specified Person and code	_____
Place: _____	Date: _____ Signature of Agent: _____

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

Homeseure (Householders) policy UIN: IRDAN108P0002V03100001