

# Domestic Travel Guard Policy

# Proposal Form



WITH YOU ALWAYS

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)

Intermediary Name :

Intermediary Code :

### Travel Details

Place of Travel 1.  2.   
3.  4.   
5.  6.

Departure Date         Arrival Date

Number of days

Mode of Travel (Please Tick) Rail  Road  Air  Purpose of visit Leisure  Business

### Proposer Details

Name

Address

City

State  PIN

Tel (R)  Tel (Off)

Mobile  e Mail

### Details of persons to be insured

Yes! I would like to cover the following members of my family (Please fill in only for those members being covered)

Sr. No.	First Name	Surname	Date of Birth	Relationship (with the Proposer)
Insured 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Nominee Details

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.

Nominee should be an immediate relative of the insured.

Sr. No.	Name of the Nominee	Date of Birth	Relation with Proposer
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"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>

### Payment Mode (Please ✓ the appropriate box)

Total No. of Travel Days:  Total No. of Insured :

Total Premium :  Less Discount as per discount structure  Net Premium

Cheque  Demand Draft Cheque/Demand Draft No.  Date

Payable in favour of Tata AIG General Insurance Company Limited

Name of the Bank  Branch

Credit Card\* No.:  Expiry Date :

(\*Only Visa/Master Card accepted)

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)

### Existing / Previous Insurer details

I am/we are covered under a Domestic & Overseas medical cover

If yes, please specify name, address and policy numbers of the insurance company.

Yes  No

Name	Policy No.	Insurance Company	Address
<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"/>

**Medical Declaration**

Have you received any advice / treatment / consultation for any medical condition in past: Yes  No   
 If yes, please specify details of treatment, institution & doctor

Insured Name	Name of Pre existing Disease / Illness / Surgery	Diagnosis Date	Date of last consultation	Treatment Inpatient / Outpatient	Doctor's Name	Hospital's Name

**Specified Person Details**

SP Certificate No  SP Name  SP Signature

**SIGN UP**

**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 doctor or from 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 & 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 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)

**Additional Information**

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please 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:

**Intermediary 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

**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