

PROPOSAL FORM

Proposal Form No: _____

Please note:

1. To be filled and signed by Proposer
2. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable
3. This proposal shall be the basis of contract for Policy issuance.

Intermediary Details

Intermediary Name	Code	
Specified Person Name	Code	

Proposer Details

Name of the Proposer	_____		
Address of the Proposer	_____ _____ _____		
Pan No.	_____		
Landline Number	_____	Mobile Number	_____
E-mail	_____	GSTIN No.	_____
Date of commencement of policy:	_____		

A. Details of Cards

S. No	Card No.	Eligible Cardholder/Insured Name	Self/Add on	Card Spending Limit	Bank

Types of Cards available: _____

Max spending limit per Card: _____

B. Details of Benefits

Benefit No.	Benefit Applicable	Per Occurrence Limit (INR)/ No of Occurrences	Annual Aggregate Limit (INR)	Condition/Deductible/ Excess/Franchise
1.	E-Commerce Purchase Protection	INR_____ Per Occurrence		Franchise of INR _____
2.	Price Protection	INR_____ Per Occurrence		Minimum Original Purchase Price INR_____ Franchise of INR _____
3.	ATM Protection	INR_____ Per Occurrence Maximum _____ Occurrence		Minimum Original Purchase Price INR_____ Franchise of INR _____
4.	Identity Theft	INR_____ Per Occurrence		Deductible of INR_____ per occurrence.
5.	Wallet Guard	INR_____ Per Occurrence		
6.	Purchase Protection	INR_____ Per Occurrence		_____ Deductible on the Cost of Repair_____ % of Depreciation on the Purchase value

CARD PROTECTION POLICY

UIN: IRDAN108CP0003V01201920



WITH YOU ALWAYS

Benefit No.	Benefit Applicable	Per Occurrence Limit (INR)/ No of Occurrences	Annual Aggregate Limit (INR)	Condition/Deductible/ Excess/Franchise
7.	Fraudulent Charges A. For Card Lost B. For Unauthorized Card Transaction	INR_____ Per Occurrence. _____Hours INR_____ Per Occurrence. _____Hours/days prior to first Reporting _____ hours after reporting		_____Deductible on the Cost of Repair _____ % of Depreciation on the Purchase value
8.	Mobile Phone Protection	INR_____ Per Occurrence.		Deductible of INR_____ per occurrence on the Cost of Repair_____ % of Depreciation on the Purchase value of INR_____ Cost of Replacement_____
9.	Home Contents	INR_____ Per Occurrence.		Single Item Limit INR_____ Depreciation INR_____
10.	Ticket Protection a. Towing Services	INR_____ Per Occurrence. Maximum _____ Occurrence INR_____ Per Occurrence.		Deductible of INR_____ per occurrence. Deductible of INR_____ per occurrence.
10.	Ticket Protection	INR_____ Per Occurrence. Maximum _____ Occurrence		Deductible of INR_____ per occurrence.
11.	Extended Warranty	INR_____ Per Occurrence.		
12.	Collision Damage	INR_____ Per Occurrence.		Amount of rental vehicle for eligibility of coverage INR_____ Deductible of INR_____ per occurrence.
13.	Misfuelling Benefit a. Towing b. Taxi Fare c. Drainage and Disposal d. Replacement Vehicle	INR_____ Per Occurrence. Maximum _____ Occurrence Sublimits_____ Sublimits_____ Sublimits_____ Sublimits_____		Deductible of INR_____ per occurrence.

Card Protection Policy UIN: IRDAN108CP0003V01201920

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WITH YOU ALWAYS

C. Bank Account Details

Name of the Bank Account Holder	
Bank Account No.:	
Name of the Bank	
Branch	
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	
IFSC Code (11 character code appearing on your cheque leaf)	

D. Premium Payment Details

Payment by: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> cheque <input type="checkbox"/> Cash <input type="checkbox"/> Others			
Instrument/Card No.	Bank Name	Instrument date	Amount (₹.)

Declaration & Warranty

- We have read and understood the brochure/prospectus/sales literature/terms and conditions of the Policy and confirm to abide by the same.
- We understand that the Policy shall become void at the Company's option, in the event of any false or incorrect statement, misrepresentation, fraud, non-description or non-disclosure of any material fact in the Proposal form/declaration or any material information having been withheld by us or anyone acting on our behalf.
- We consent to provide a valid age proof and identity and address proof of Insured or Insured person/beneficiary covered under the policy at the time of claim or any other time when required by the Company.
- We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this Proposal form.
- I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- I hereby declare and warrant on my behalf & on behalf of all persons whose cards are proposed to be covered under this policy that the above statements, answers and particulars given by me are true and complete in all respects.

AML Guidelines

- I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- I/we are not Politically Exposed Persons * nor are their close relative / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.
"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

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: _____ Signature of Agent: _____

Prohibition of Rebates – Section 41 of 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 the 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 a penalty which may extend to ten lakh rupees.

Disclaimer:

Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please read sales brochure/policy wording 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.

CARD PROTECTION POLICY

UIN: IRDAN108CP0003V01201920



Acknowledgement for Proposal

Please retain this counterfoil for your records (On behalf of Tata AIG General Insurance Company Limited)

Proposal Form No: _____

We acknowledge the receipt of payment of ₹ _____ vide _____ from _____.

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. Tata AIG General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of Policy shall be subject to receipt of completed proposal form, premium payment and underwriting decision of the Company

Signature of the Representative: _____

Name of the Representative: _____

You are requested to visit The Company's website www.tataaig.com for Policy Wordings.

Tata AIG General Insurance Company Limited

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IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425 | UIN: IRDAN108CP0003V01201920