

Accident 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)

Personal Details (In block letters)

POS PAN No.* _____
(Mandatory for POS Agent)

Proposal No. _____

Self (Option)

Name of the Insured _____

Address _____

City _____

State _____

Phone (O) _____

Fax _____

E-mail _____

First Name _____ Middle Name _____ Surname _____

PIN _____

(R) _____

Mobile _____

Personal Information

(Please tick where applicable)

Date of birth Sex Male ☐ Female ☐

Occupation Service ☐ Self employed ☐ Marital status Married ☐ Single ☐

Family (Option)

First Name _____ Middle Name _____ Surname _____ Date of Birth _____

Name of the Spouse _____

First Child _____

Second Child _____

Third Child _____

Fourth Child _____

Nominee Details: Nominee should be an immediate relative of the Insured.

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

Nominee should be an immediate relative of the insured.

If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of the Appointee

Policy Details (Please tick below)

Premium Chart (inclusive of 18% GST)

Benefit	<input type="checkbox"/> Self				<input type="checkbox"/> Family			
	Premium per unit		No. of Units	Total Premium	Premium per unit		No. of Units	Total Premium
Core Benefit: Plan A (up to 20 Units) <input type="checkbox"/>	586	x	=		935	x	=	
Core Benefit: Plan B (up to 20 Units) <input type="checkbox"/>	780	x	=		1,246	x	=	
Optional Benefit <input type="checkbox"/>								
Accidental Weekly Benefit (applicable for self only) (up to 10 Units)	84	x	=			x	=	
Grand Total (Self)					Grand Total (Family)			

Policy Period : From To

Additional Details

1) Whether you are suffering / met with any illness / injury / disability in the last 2 years : Yes ☐ No ☐
If Yes, provide details : _____

2) Whether you have taken any personal accident policy. Yes ☐ No ☐

If yes whether from ☐ Tata AIG General Insurance Company Limited ☐ Other (Please Specify Name) _____

Policy No. _____

Other details: _____

3) I hereby declare that my Gross Annual Income is (Rs '000): Rs. _____ and understand that the Sum Insured opted for will not be greater than 10 times / 20 times Gross Annual Income as applicable.

Max Sum Insured opted can be -

- i) in case of Salaried Person - Max 10 times of Income (as appearing in Form 16 / Salary slip / IT acknowledgement)
ii) in case of Self-Employed Person - Max 20 times of Income (as appearing in IT acknowledgement / Audited P&L)

Payment Details

Payment Mode : Cheque ☐ DD ☐ Cash ☐ Credit Card ☐ (only Visa / Master Card accepted)

(Payable to Tata AIG General Insurance Company Ltd.)

Cheque / DD No.

Date

Bank Name

Branch

Credit Card No.

Expiry Date

PAN Card No.

In the absence of PAN Card, please give details of any other authorized Photo ID

Photo ID Type

Photo ID No.

Sources of funds (please ✓ where applicable)

☐ Salary ☐ Business ☐ Other (Please specify) _____

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 and associate partners to contact me via e-mail, phone or SMS.

Date :

Place : _____

Signature of 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 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: _____

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 relatives / 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.

• **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) _____

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Date	D	D	M	M	Y	Y	Y	Y
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