Accident Shield Policy

Proposal Form



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Application No.:		.N No.* for POS Agent)			_		lı	nterm	nedia	ary C	ode:_							
Please write in BLOCK letter and use black ink. To he				that the	form is	comp	letely f	filled										
(This Insurance does not commence until the propos	· ·		-															
1. Name of the Proposer																		
2. Address																		
District			City															
Pincode* State																		
3. Tel (O)			(R)								\Box						
4. Fax No.			Mobi	е														
5. Sex Male Female Date	of Birth D D M	1 M Y Y	YY	ige	(Y	/rs) E	mail											
Occupation: Salaried Self	Employed	Nature o	f Occupa	ion:														
6. Marital Status Single Married 7. Policy	Period: From	D D M M	YYYY	То	D M N	И У У	Y Y (]Yea	rs)								
8. Persons to be covered :																		
					А	ny pr	e-exist	ing										
Sr. Name		Date	of Birth	Ger	nder di	isabili (If ye	ty / illr s, please on detai	n ess e	Any	othe	er polic	у	olicy N SI <i>I</i>	lumi Amt				
1 Proposer		D D M	M Y Y Y	Y М П	F							\perp						
2 Spouse		D D M	MYYY	Y М П	F							\bot						
3 Child 1		D D M	MYYY	Y М П	F													
4 Child 2		D D M	MYYY	Y М	F													
9. Nominee should be an immediate relative of the	insured.																	
Sr. No. Name of the Nominee	Date of Birth	ı	Relation [·]	with Pro	poser					P	Percent							
1	D D M M Y Y Y	Y																
2	D D M M Y Y Y	Y																
3	D D M M Y Y Y	Υ																
4	D D M M Y Y Y	Υ																
*If the Nominee is minor, Name and Address of App	oointee and Relatio	onship wit	h Minor:															
Appointee Name		Relati	ionship					A	ddre	ss of	the Ap	point	ee					
10. Sum Insured* Opted:																		
* Self is covered for 100% of the Sum Insured, Spouse is Family includes Self, Spouse and Children (upto 2)	covered for 50% o	f Sum Insu	red & each	Child is	covered	l for 25	5% of Su	um Ins	sured									
I hereby declare that my Gross Annual Income is Rs Annual Income as per below –		and unc	derstand th	at the Sui	m Insur	ed opt	ed for w	/ill not	be gr	eater	than 10) time	s / 20 t	times	Gross			
(a) In case of Salaried Person – Max 10 times of Incom	e (as appearing in Fo	orm 16/ Sal	ary Slip/ IT	acknowle	dgeme	nt)												
(b) In case of Self – Employed Person – Max 20 times of	f Income (as appear	ing in IT ack	nowledge	ment/Au	dited P8	&L)												
DECLARATION & WARRANTY ON BEHALF OF ALL PERSO	ONS PROPOSED TO	BE INSUR	ED:															
☐ I/ We hereby declare, on my behalf and on behalf o complete in all respects to the best of my knowledge a										partio	culars g	iven b	y me a	are tri	ue and			

🔲 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

U/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

 $submitted \ but \ before \ communication \ of the \ risk \ acceptance \ by \ the \ company. e \ purpose \ of \ under \ writing \ the \ proposal \ and/or \ claim \ settlement.$

that the policy will come into force only after full receipt of the premium chargeable.

Accident Shield Policy UIN: TATPAIP23088V032223 | URN: AH/IPA-02

Terms and Conditions

- 1. It is essential that you answer fully and accurately all the questions contained in the proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made.
- 2. The cover will be valid for the period selected after the start of the policy and will be renewed on expiry, if so opted for.
- 3. The liability of Tata AIG General Insurance Company Limited does not commence until the company has accepted the proposal and the full premium has been paid.
- 4. The contract of Insurance is between Tata AIG General Insurance Company Limited and the insured.
- 5. Any grievance with respect to insurance policy/ claims/ settlements/ shall be taken up with Tata AIG General Insurance Company Limited.

6. Customers are requested to read the sales brochure and policy terms & conditions before taking the insurance.
☐ 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 Company and the proposal value of the 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 contactme via e-mail, phone or SMS.
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:
Date: Signature of Proposer:
Place:
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:
Premium Payment Details
Amount Rs. Amount Rs.
Cheque / DD No. Date: DDMMYYYY Bank & Branch
La Carlo Dalik d Dialicii
Sources of funds : Salary Business Other
Insured's PAN Card No.: (In the absence of PAN Card, please give details of any other authorized photo identification card.)
Photo ID Type Photo ID No.:
AML guidelines:
1. 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.
2. 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 No. 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 attach extra sheet duly signed.)

Proposer's	Signature

URN: AH/IPA-02
IN: TATPAIP23088V032223 URN;
ccident Shield Policy UI

Agent Declaration:																																				
l <u>,</u>																(F	ull	Nan	ne)	in m	ту с	ара	ity .	as a	an I	nsui	ran	ce A	Ndv	isor	-/ S	oeci	fied	l Pei	son	of the
Corporate Agent/Authorized emp	oloye	ee of	the	Bro	ker/	'Rela	atior	nshij	p Of	ficer	, do	here	eby	decl	are	that	Th	ave e	expl	aine	d al	l the	con	iten	ts o	fthi	s Pr	орс	sal	For	rm,	incl	udir	ng th	ie na	iture o
the questions contained in this P	ropo	osal	Forr	n to	the	Pro	pos	er ir	nclu	ding	stat	eme	ent(s), ir	nfor	mat	ion	and	res	pon	se(s) sul	omit	ted	by	him	/he	r in	thi	s Pr	оро	osal	For	m to	que	estions
contained herein or any details	soug	ht h	erei	n w	ill fo	orm	the	bas	is o	f the	Cor	ntra	ct o	f Ins	ura	nce	bet	wee	en tl	ne C	om	oany	and	d th	e P	ropo	osei	r, if	this	s Pr	opo	osal	is a	ccep	oted	by the
Company for issuance of the Po											-																									
addendum(s), affidavits, stateme															-					_		,							_		-					
there has been a non-disclosure		,						,		ued [·]	to h	is/h	er fa	avor	. bn	ırsua	nt '	o th	nis F	Prop	osa	l ma	y be	e tre	ate	d by	/ th	e C	om	pan	ıy a	s nı	ıll a	nd \	oid/	and al
premiums paid under the Policy n	-							-																												
License No.(Intermediary/Corpora	te Ag	gent/	Brok	ker/F	Rela	tions	ship	Offi	cer)																											_
Name of the specified Person and	code	e																																		_
Place:			_					Date	e:											Sign	atur	e of	Age	nt _												
Bank Details																																				
As per the Regulatory requirer	nent	s, we	e car	n eff	fect	pavi	men	ıt of	refu	ınd /	clair	ms c	nlv	thro	oug	h Ele	ctro	onic	Cle	aring	g Sv:	stem	ı (EC	:S)/	Nat	iona	al El	ecti	on	ic Fı	unc	ls Tr	ans	fer (NEF	T) /
Real Time Gross Settlement (R)	ΓGS).	/Inte	erba	nkl	Mob	ile F	aym	nent	Ser	vice (IMP	S). F	ort	hisp	ourp	oose	ple	ase:	sub	mit t	he f	ollo	ving	, det	tails	oft	he i	nsu	rec	l's b	ank	acc	our	nt#		
Name of the Account Holder:]	
Name of the Bank:																												 					Ë]	
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Type of Account :			SB	Ac	cou	nt				Cui	ren	t Ac	cou	nt				Ot	her	s(ple	ease	spe	cify)) [
Account Number:]	
IFSC Code of Bank:				$\overline{}$							\exists																									
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If the premium cheque is not #mandatory if annualized pre									acc	ount	the	en a	car	ncell	ed	che	que	leaf	f of	the a	abo	ve m	ienti	ione	ed a	CCO	unt	is t	o b	e at	tac	hed	•			
#mandatory if armdanzed pre	mui	11 13	11101	C ti	ian	11.3.	10,00																													
Specified Person Details																																				
SP Certificate No							SI	P Na	ame														SP S	Sign	atu	re										
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Prohibiti					٠.			•						4004	-			1 - 2	lee e l									4\ *		201						_

- 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 elating 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.

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.

 $\textbf{Grievance Redressal Procedure:} \ As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation 2017.$

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.

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)
Email: customersupport@tataaig.com | Website: www.tataaig.com
IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425 | Ver: TA/RPA/V1.3/Oct22

ACKNOWLEDGMENT SLIP Proposal form received from Mr./Mrs./Ms.: _______ Address: ______ Premium Amount: Rs. ______ Bank Name _____ Cheque No.: _____ Date : _____ Branch: ______