

Accident Shield Policy

Proposal Form



Application No.: _____

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

Intermediary Code: _____

Please write in BLOCK letter and use black ink. 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 paid)

1. Name of the Proposer

2. Address

District City

Pincode* State

3. Tel (O) (R)

4. Fax No. Mobile

5. Sex ☐ Male ☐ Female Date of Birth Age (Yrs) Email

Occupation: ☐ Salaried ☐ Self Employed Nature of Occupation: _____

6. Marital Status ☐ Single ☐ Married 7. Policy Period : From To (____ Years)

8. Persons to be covered :

Sr. No.	Name	Date of Birth	Gender	Any pre-existing disability / illness (If yes, please mention details)	Any other policy	Policy Number / SI Amt
1	Proposer	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>			
2	Spouse	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>			
3	Child 1	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>			
4	Child 2	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>			

9. 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"/>		
2		<input type="text"/>		
3		<input type="text"/>		
4		<input type="text"/>		

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

Appointee Name	Relationship	Address of the Appointee

10. Sum Insured* Opted: _____

* Self is covered for 100% of the Sum Insured, Spouse is covered for 50% of Sum Insured & each Child is covered for 25% of Sum Insured

Family includes Self, Spouse and Children (upto 2)

I hereby declare that my Gross Annual Income is Rs. _____ and understand that the Sum Insured opted for will not be greater than 10 times / 20 times Gross Annual Income as per below –

(a) In case of Salaried Person – Max 10 times of Income (as appearing in Form 16/ Salary Slip/ IT acknowledgement)

(b) In case of Self – Employed Person – Max 20 times of Income (as appearing in IT acknowledgement / Audited P&L)

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.e purpose of underwriting the proposal and/or claim settlement.

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 authorize Tata AIG General Insurance Company Limited and associate partners to contact me via e-mail, phone or SMS.

Place: _____

Name & Signature of agent/intermediary: _____

Bank & Branch _____

[illegible]

Sources of funds (please where applicable) Salary ☐ Business ☐ Other (Please specify) _____

Proposer's Signature

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 _____

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:

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. 10,000

Specified Person Details

SP Certificate No

SP Name

SP Signature

Prohibition of Rebates - Section 41 of the 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 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.

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.

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: _____

Sum Insured: _____ Tenure: _____