

## PROPOSAL FORM

(Please fill the form in Capital letters and to help us serve you better, kindly ensure that the form is completely filled.)

|  |  |
|--|--|
| POSP/Agent/ Intermediary Name:                 |  |
| POSP/Agent/ Intermediary Code/ License Number: |  |
| POSP/Agent/ Intermediary Contact No:           |  |
| POSP PAN No.                                   |  |
| Policy Issuing Office:                         |  |
| Policy Servicing Office:                       |  |
| Proposal No:                                   |  |

1. This is proposal for insurance and commencement of risk under this Proposal is subject to acceptance of risk by Us and receipt of premium by us.
2. The information declared by You in this form is the basis for issuance of the Policy.
3. Please answer all questions carefully. Any incomplete or incorrect information may lead to rejection of the proposal

### Proposer Details:

1. Name of the Proposer: \_\_\_\_\_

2. Gender:  Male  Female  Other \_\_\_\_\_

3. Date of Birth: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 4. Mobile No: \_\_\_\_\_

5. Email ID: \_\_\_\_\_

6. Communication Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Pincode: \_\_\_\_\_ Tel. with area code in India: \_\_\_\_\_

7. Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Pincode: \_\_\_\_\_ Tel. with area code in India: \_\_\_\_\_

8. Contact No: \_\_\_\_\_

9. Sources of Funds: (Salary/ Business/ Others, please specify) \_\_\_\_\_

10. PAN Card No: \_\_\_\_\_ In absence of Pan Card, please give details of any other authorized photo identification card Type and Number: \_\_\_\_\_

11. GSTIN: \_\_\_\_\_

### Policy Details:

|   |                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Proposed Policy Period (Period of Insurance):<br>From: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> to <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D                     | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | Trip Start Date (Departure Date):<br><table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D   | D                     | M | M | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D   | D                     | M | M | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D   | D                     | M | M | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Purpose of Trip: <<Business/Personal/Education>>  | No. of Travel Days:   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Place of Origin:  | Place of Destination: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

| Plans   |  |   |                             |
|---------|--|---|-----------------------------|
| Sr. No. | Plans  | Covered Journey:  | Tick against the Plan Opted |
| 1.      | <b>Plan A</b> - Coverage for travel through Taxi Cab/bus within 100 km from Place of Origin  | A single journey from Place of Origin to Place of Destination                   | <input type="checkbox"/>    |
| 2.      | <b>Plan B</b> - Coverage for travel through Taxi Cab/bus more than 100 km from Place of Origin   |   | <input type="checkbox"/>    |
| 3.      | <b>Plan C</b> - Coverage for Train Travel (Only for Reserved tickets) with no restrictions on distance   |   | <input type="checkbox"/>    |
| 4.      | <b>Plan D</b> - Coverage for Air-travel with no restrictions on distance   |   | <input type="checkbox"/>    |
| 5.      | <b>Plan E</b> - Return travel via any one or multiple modes of transport such as Taxi Cab, Bus, Train, Ship or Air travel with no restrictions on distance | Coverage from Place of Origin till return to Place of Origin/Place of Residence | <input type="checkbox"/>    |

| Coverage |   |  |
|----------|---|--|
| Sr. No.  | Base Covers   | Sum Insured  |
| 1.       | Hospitalization Expenses due to Accident<br><br><b>Sub-Limits</b><br>1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.10,000/- per day.<br>2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital / Nursing Home up to 4% of the sum insured subject to maximum of Rs.20,000/- per day. | Min: Rs. 1Lakh; Max: Rs. 10 lakhs (in multiples of Rs. 50,000)<br>_____                          |
| 2.       | Accidental Death  | Min: Rs. 1 lakh for adults; Max: Rs. 1 crore per person. (in multiples of Rs. 1,00,000)<br>_____ |
| 3.       | Permanent Total Disability (PTD)  | As per accidental death cover  |
| 4.       | Permanent Total Disability (PTD)  | As per accidental death cover  |
| 5.       | Repatriation Of Mortal Remains  | Min: Rs. 20,000; Max : Rs. 1lakh (in multiples of Rs. 20,000)<br>_____                           |
| 6.       | Automatic Trip Extension  | Not Applicable   |

| Sr. No. | Optional Covers                  | Do you want to opt for the cover?                        | Sum Insured (in INR)   |
|---------|----------------------------------|--|--|
| 1.      | Compassionate Allowance          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Min: Rs. 10,000; Max: Rs. 1 lakh (in multiples of Rs. 10,000)<br>_____ |
| 2.      | Missed Connection                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Min: Rs. 2500; Max : Rs. 50000 (in multiples of Rs. 2,500)<br>_____    |
| 3.      | Loss Of Checked-in Baggage       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Min : Rs. 2000; Max : Rs. 20000 (in multiples of Rs. 2,000)<br>_____   |
| 4.      | Trip Delay                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Min: Rs. 500; Max: Rs. 5000 (in multiples of Rs. 500)<br>_____         |
| 5.      | Carrier Cancellation             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Min: Rs. 2500; Max : Rs. 50000 (in multiples of Rs. 2,500)<br>_____    |
| 6.      | Trip Cancellation & Interruption | <input type="checkbox"/> Yes <input type="checkbox"/> No | Min : Rs. 20000; Max : Rs. 100000 (in multiples of Rs. 5,000)<br>_____ |

\*All base covers are mandatory covers, Optional covers can be opted as per the requirement.

| Insured Persons' details |      |        |               |                                |               |                                      |                      |         |
|--------------------------|------|--------|---------------|--------------------------------|---------------|--------------------------------------|----------------------|---------|
| Sr. No.                  | Name | Gender | Date of Birth | Relationship with the Proposer | Completed Age | Address (If different from Proposer) | Disabilities, if any | Nominee |
| 1.                       |      |        | dd/mm/yyyy    |                                |               |                                      |                      |         |
| 2.                       |      |        | dd/mm/yyyy    |                                |               |                                      |                      |         |
| 3.                       |      |        | dd/mm/yyyy    |                                |               |                                      |                      |         |
| 4.                       |      |        | dd/mm/yyyy    |                                |               |                                      |                      |         |
| 5.                       |      |        | dd/mm/yyyy    |                                |               |                                      |                      |         |
| 6.                       |      |        | dd/mm/yyyy    |                                |               |                                      |                      |         |

| Nominee Name | Date of Birth | Completed Age | Relationship with Insured Person | Address |
|--------------|---------------|---------------|----------------------------------|---------|
|              | dd/mm/yyyy    |               |                                  |         |
|              | dd/mm/yyyy    |               |                                  |         |
|              | dd/mm/yyyy    |               |                                  |         |
|              | dd/mm/yyyy    |               |                                  |         |
|              | dd/mm/yyyy    |               |                                  |         |
|              | dd/mm/yyyy    |               |                                  |         |

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

| Appointee Name | Relationship with Nominee | Address |
|----------------|---------------------------|---------|
|                |                           |         |

**Proposer's Bank Details:**

1. Name of the Bank Account Holder: \_\_\_\_\_

2. Bank Account No.: \_\_\_\_\_ & Account Type:  Saving  Current

3. Name of the Bank: \_\_\_\_\_ 4. Branch: \_\_\_\_\_

5. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank): \_\_\_\_\_

6. IFSC Code (11 character code appearing on your cheque leaf): \_\_\_\_\_

(I understand that any refund due on the premium payment to be directly credited to my aforesaid Bank Account.)

**Premium Payment Details:**

1. Payment by:  Cheque  DD  Credit Card  Debit Card  UPI  Wallet  NEFT  IMPS

2. Amount: \_\_\_\_\_  
(Amount in words: \_\_\_\_\_)

3. Bank Name: \_\_\_\_\_

4. Cheque No./DD No. \_\_\_\_\_

5. Name of the Cardholder \_\_\_\_\_

6. Cheque/DD date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 7. Name of the Premium Payer: \_\_\_\_\_

8. Details of NEFT/IMPS/UPI/Wallet: \_\_\_\_\_

In case of payment made through Cheque/DD then please issue an A/c payee instrument in favour of "Tata AIG General Insurance Company Limited"

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

**Declaration & Warranty on behalf of all persons proposed to be insured**

- I 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 am authorised to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the 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 further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I understand and agree that I will receive the policy documents only in electronic form through E-mail/ WhatsApp /SMS, as per details mentioned above.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I 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 have been / will be paid from bonafide sources and no premiums have been / will be paid out of proceed of crime related to any of the fence listed in preventions 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 statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian  Non - Indian  If Non - Indian, please specify the country \_\_\_\_\_

Type of Organization making the payment (Please tick)

Limited Company  Government organization  Non-Government Organization (NGO)  Society  Partnership

Trust  International Organization  Cooperative  Section 25 Company

**Additional Information**

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

Signature of the Proposer: \_\_\_\_\_

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

**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: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of Intermediary: \_\_\_\_\_

**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

**Disclaimer**

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer policy wordings carefully, before concluding a sale.

**BHARAT YATRA SURAKSHA, TATA AIG GENERAL INSURANCE COMPANY LIMITED**  
**UIN: TATTIDP22101V012122**

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**ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)**

Application Number: \_\_\_\_\_ Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Name of the Proposer: \_\_\_\_\_

We acknowledge with thanks the receipt of your application for BHARAT YATRA SURAKSHA, TATA AIG GENERAL INSURANCE COMPANY LIMITED and amount by cash / cheque / Demand Draft / others \_\_\_\_\_ of amount of Rs. \_\_\_\_\_. Neither the submission to us of the proposal form nor any payment towards this proposal form obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal form for insurance, it shall be subject to the policy terms and conditions and the risk commencement date shall be on or after the realization of full premium amount. Where the premium is paid in instalment all instalments should be received by us on or before their due dates and our liability to make any payment under the policy shall only accrue post receipt of all instalments. We shall have no liability to accept the proposal in the event of non-fulfillments of additional information requested by us or to make any payment if proposal is under process & claim arises in the interim period before the decision on the proposal is given by us.

**TATA AIG General Insurance Company Limited**

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Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India  
24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen) | Fax: 022 6693 8170 | E-mail: customersupport@tataaig.com  
Website: www.tataaig.com | IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425