



### 3. NOMINEE DETAILS

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions.

Nominee Name	Date of Birth*	Relationship

*The nominee must be an immediate relative of the Proposer.*

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

Appointee Name	Relationship

### 4. MEDICAL DETAILS

#### A. Medical History:

Please answer the below mentioned questions individually in Yes(Y)/No (N): You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person					
	1	2	3	4	5	6
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for any medical conditions?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Is there history of travel outside India in last 60 days to any country against whom the Republic of India has imposed general or special travel restrictions?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have you or any persons proposed currently suffering/ suffered or on medication or investigated or quarantined for COVID?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have you or any persons proposed have history of cohabitation with a person who has been diagnosed with COVID?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

#### B. Detailed information in case any of the questions in section 6 (A) is ticked 'Yes'.

*(Please send us medical documents along with this proposal form.)*

Insured Name	Diagnosis as per documents	Treatment details	Diagnosis date/ Surgery Date	Date of last consultation	Doctor/Hospital Name and Phone No.

#### TATA AIG General Insurance Company Limited

## 5. PAYMENT DETAILS

Name of the Premium Payer: (if different from proposer)

Relationship with the proposer: (if different from proposer)

Premium Amount (in Rs.)

Instrument type: Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Others ☐

Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.

Sources of funds: Salary ☐ Business ☐ Other ☐

### 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: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RGTS) / Interbank Mobile Payment Service (IMPS)

For this purpose, please submit the following details of the proposer's bank account.

Name of the account holder			
Name of the bank			
Branch Bank			
Account no.			
Bank IFSC code			
Account Type	SB Account <input type="checkbox"/>	Current Account <input type="checkbox"/>	Others (please specify) <input type="checkbox"/>

## 7. 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 authorized 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 insurer and that the policy will come into force only after full payment 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.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

### TATA AIG General Insurance Company Limited



**CORONA KAVACH POLICY,  
TATA AIG GENERAL INSURANCE COMPANY LTD.**

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

Proposal Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

We acknowledge with thanks the receipt of your application for Corona Kavach Policy, Tata AIG General Insurance Company Ltd. and amount by cash/cheque/Demand Draft/others \_\_\_\_\_ of amount of Rs. \_\_\_\_\_. Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, this decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup and/or additional information requested by us, wherever applicable. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. If we do not accept the proposal, we will inform you and refund any payment received from you without interest subject to deduction of the Pre-Policy Check up charges, as applicable.

**TATA AIG General Insurance Company Limited**

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Website: **www.tataaig.com** | IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425 | UIN: TATHLIP21095V012021