

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 have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in prevention 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 statutes, directly or indirectly governing the prevention of money laundering in India.

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	<input type="text"/>
Name of the bank	<input type="text"/>
Branch Bank	<input type="text"/>
Account no.	<input type="text"/>
Bank IFSC code	<input type="text"/>
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

8. DECLARATION/VERNACULAR DECLARATION

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 Proposer: _____

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:** _____

9. 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)

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Name of the specified Person and code

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Place: _____ Date: _____ Signature of Agent: _____

10. 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 the 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

11. FOR OFFICE USE ONLY

Tata AIG Office Code: _____ Intermediary Code and Name: _____

Branch Receipt Date: _____ Channel Type: _____

Business Type: Urban Rural Social Customer ID: _____

Disclaimer: Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure/policy wordings carefully, before concluding a sale.

TATA AIG General Insurance Company Limited

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

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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E-mail: **customersupport@tataaig.com** | Website: **www.tataaig.com** IRDA of India Registration No: 108
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