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

LIRNI No. 4H/2020-21/HI -16



## **PROPOSAL FORM**

01114 140.711 1/2020 21/11	- 10																								
Proposal no.												Ager	nt Co	de:_											
This is a proposal for in proposal is subject to ac													tanc	e of <sub>l</sub>	prop	osal	by u	s. Co	omme	ence	ment	of r	isk u	nder	this
The information declare incorrect or partially cor																						. An	y inc	omp	ete,
Please fill-up this form in	n CAP	ITAL	LET	TERS																					
1. PROPOSER'S DE	ΓAIL	.S																							
Name (Mr /Mrs /Ms /Dr):																									
	Fir	st Na	ame								M	iddle	Nar	ne					S	urna	me		!		
Date of Birth:	D	D	M	M	Υ	Υ	Υ	Υ																	
Marital Status:	Marı	ried				Sir	ngle			Oth	ers						C	end	er: N	⁄lale			Fen	nale	
Occupation:	Pvt S	Servio	e 🗌		Gov	t Ser	vice		E	Busin	ess					Pla	n Typ	e: P	lan T	ype			Floa	iter	
E-Mail ID:																									
Address:																									
Landmark:																									
Area:																									
City/Town:														Dist	rict:										
Pin Code:								Sta	ate:																
PAN Card*:												0	R Vo	oter's	ID:										
Tenure:	3 ½	Mon	ths		]		6 ½	Mor	nths				9 ½	Mon	ths										
Daily Hospital Cas	h Cov	/er																							

#### 2. DETAILS OF THE PERSON(S) TO BE INSURED

S. No	Name of the Insured Person	Gender M / F	Relationship with Proposer	Date of Birth	Unique ID	Sum Insured
1						
2						
3						
4						
5						
6						

 $\# \ Sum \ Insured \ Options \ available \ (Rs.\ 50,000/\ 1,00,000/\ 1,50,000/\ 2,00,000/\ 2,50,000/\ 3,00,000/\ 3,50,000/\ 4,00,000/\ 4,50,000/\ 5,00,000)$ 

#### 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	Insured Person								
for each Insured Person by ticking the relevant box.	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.

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

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 fav	our of 'Tata AIG Ge	neral Insurance Compan	y Limited' only.	
Sources of funds:	Salary	Business	Other		
<ul> <li>AML guidelines:</li> <li>1. I/we hereby confirm that all that such premiums are not to establish sources of funds the statutes, directly or indir.</li> <li>2. I / we are not Politically Expinformed if we subsequently **"Politically Exposed Persons" Amendment Rules, 2023 as amendment Rules, 2023 as amendment.</li> </ul>	disproportionate to s and to cancel the ir ectly governing the posed Persons ** no become a Politically shall have the me	my/our income. I / nsurance policy in ca prevention of mone r are their close rel / Exposed Person / / aning assigned to i	we understand that the ase I / we are found guilty y laundering law in India. atives / family members close relative / family me	Company has the right to company has the right to competent court of associates . I / we shall known associate of Political	call for documents  I law under any of  Eeep the company  Ily Exposed Persons
Nationality: Indian	Non-Indian				
If Non-Indian, please specify Co	-				
Signature of Proposer:			Date:		
As per Regulatory requirements Funds Transfer (NEFT) / Real Tin For this purpose, please submit	ne Gross Settlement	(RGTS) / Interbank	Mobile Payment Service (		ational Electronics
Name of the account holder					
Name of the bank					
Branch Bank					
Account no.					
Bank IFSC code					
Account Type	SB Account	Cur	rent Account	Others (please spec	cify)
particulars given by me ar	behalf and on beh	alf of all persons p	roposed to be insured,	TO BE INSURED that the above statements and that I am authorized to	s, answers and/or propose on behalf
				ce policy, is subject to the	
J. ,	ll notify in writing an	y change occurring	in the occupation or gen	eral health of the life to be	•
I declare that I consent to on the person to be insur health of the person to b	o the company seeki red/proposer or fror pe insured/proposer	ng medical informa n any past or prese and seeking inforn	tion from any doctor or h nt employer concerning a nation from any insurer t	nospital who/which at any t anything which affects the p o whom an application for osal and/or claim settlemer	ohysical or mental insurance on the
I authorize the company to sole purpose of underwri	to share information iting the proposal an	n pertaining to my p nd/or claims settlem	roposal including the me ent and with any Govern	dical records of the insured mental and/or Regulatory a	l/proposer for the authority.
Signature of Proposer:			Date:		
	TATA A	NG General Insura	nce 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	<del>-</del>	
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:		
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:	Signature of Proposer:	
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 Propose including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any detail 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 the 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/he 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 the company.  License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)  Name of the specified Person and code  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 continua 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 commissio payable or any rebate of the premium shown on the policy, or shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordanc	Vernacular Declaration (Certification in case the proposer has sign	ned in vernacular/thumb print)
9. AGENT DECLARATION  I.		onditions and exclusions have been clearly explained by me in vernacular to the
(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 suplained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Propose including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any detail 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 the 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/he 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:  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 continuan 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 acceptance and 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 li	Signature/Thumb impression of the Proposer:	Name & Signature of agent/intermediary:
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 Propose including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any detail 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 the Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right 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/he 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:	9. AGENT DECLARATION	
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 Propose including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any detail 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 the Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right 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/he 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:	l,	(Full Name) in my capacity as an Insurance
Name of the specified Person and code    Place:	explained all the contents of this Proposal Form, including tincluding statement(s), information and response(s) submitted sought herein will form the basis of the Contract of Insuranc Company for issuance of the Policy. I have further explained t Proposal Form/including addendum(s), affidavits, statements vary the benefits which may be payable and further more if the favor pursuant to this Proposal may be treated by the Compa	the nature of the questions contained in this Proposal Form to the Proposer d by him/her in this Proposal Form to questions contained herein or any details the between the Company and the Proposer, if this Proposal is accepted by the chat if any untrue statement(s)/ information/response(s) is/are contained in this is, submissions, furnished/to be furnished, the Company shall have the right to here has been a non-disclosure of any material fact, the policy issued to his/her
Place: 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 continuan insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commissio 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 the ten lakh rupees.  11. FOR OFFICE USE ONLY  Tata AIG Office Code: Intermediary Code and Name:	License No.(Intermediary/Corporate Agent/Broker/Relationshi	ip Officer)
<ol> <li>PROHIBITION OF REBATES: Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015</li> <li>No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continu 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 commissio 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.</li> <li>Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend the ten lakh rupees.</li> <li>FOR OFFICE USE ONLY</li> <li>Tata AIG Office Code: Intermediary Code and Name:</li></ol>	Name of the specified Person and code	
<ol> <li>PROHIBITION OF REBATES: Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015</li> <li>No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continu 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 commissio 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.</li> <li>Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend the ten lakh rupees.</li> <li>FOR OFFICE USE ONLY</li> <li>Tata AIG Office Code: Intermediary Code and Name:</li></ol>	Place: Date:	Signature of Agent:
ten lakh rupees.  11. FOR OFFICE USE ONLY  Tata AIG Office Code: Intermediary Code and Name:	<ol> <li>(Amendment) Act, 2015</li> <li>No person shall allow or offer to allow, either directly an insurance in respect of any kind of risk relating to payable or any rebate of the premium shown on the pany rebate, except such rebate as may be allowed in any rebate, except such rebate as may be</li> </ol>	or indirectly, as an inducement to any person to take out or renew or continue olives or property in India, any rebate of the whole or part of the commission policy, nor shall any person taking out or renewing or continuing a policy accept accordance with the published prospectuses or tables of the insurer.
Tata AIG Office Code: Intermediary Code and Name:		provisions of this section shall be liable for a penalty which may extend to
	11. FOR OFFICE USE ONLY	
Branch Receipt Date: Channel Type:	Tata AlG Office Code:	Intermediary Code and Name:
	Branch Receipt Date:	Channel Type:
Business Type: Urban Rural Social Customer ID:	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.

<b>CORONA K</b>	AVACH POLICY,
TATA AIG G	ENERAL 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 by cash/cheque/Demand Draft/others a completed proposal for insurance nor any payment toward shall be in our sole and absolute discretion. If we accept a proshall have no liability to make any payment if proposal is not received by us in full and in time, or non-fulfillments of applicable. We shall have no liability to make any payment upefore the decision on the proposal is given by us. If we do not you without interest subject to deduction of the Pre-Policy Company of	ds this application obliges us to agree oposal for insurance, it shall be subject accepted by us or you do not accept Pre-Policy Checkup and/or addition under the Policy if proposal is under ot accept the proposal, we will inform	. Neither the submission to us of e to issue a policy, this decision is and always ect to the policy terms and conditions and we the terms of counter offer or premium is not nal information requested by us, wherever-process & claim arises in the interim period
TATA AIG Gene	eral Insurance Company Limited	

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 (For Senior Citizens)** | E-mail: **customersupport@tataaig.com** Website: **www.tataaig.com** | IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425 | UIN: TATHLIP21095V012021