

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 is realized by Tata AIG General Insurance Company Limited).

Loan Account No.:

Application No.:

Producer Code:

**Applicant's Information**

(Please  wherever applicable)

Proposer's Name \_\_\_\_\_  
 Father's/Husband's Name \_\_\_\_\_  
 Date of Birth         Sex   Marital Status    Nationality \_\_\_\_\_  
 Occupation  Employed  Self Employed  Full Time  Part Time Current Address is  Self-Owned  Rented  Co. Leased  
 Address for Communication \_\_\_\_\_  
 District \_\_\_\_\_ City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Tel (O)     - \_\_\_\_\_  
 Tel (H)     - \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_  
 PAN No. \_\_\_\_\_ No. of Dependents \_\_\_\_\_ Children   Others    
 Education/Qualification \_\_\_\_\_ Employer / Business Name \_\_\_\_\_ Department \_\_\_\_\_  
 Designation \_\_\_\_\_ Monthly Income \_\_\_\_\_ Other Income (if any) Rs. \_\_\_\_\_ Sources of funds \_\_\_\_\_  
 Employer / Business Address \_\_\_\_\_  
 Employer / Business Contact Number     - \_\_\_\_\_ Years in Present Occupation \_\_\_\_\_  
 Address of the Property to be covered \_\_\_\_\_  
 \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Years of Construction      Loan Amount \_\_\_\_\_ Loan Tenure \_\_\_\_\_ Policy Tenure \_\_\_\_\_  
 \*Sum Insured  Fixed Contents Sum Insured \_\_\_\_\_ Premium Amount \_\_\_\_\_  
 Would you like to cover household contents against the risk of Fire & Special Perils and Burglary & Theft.  Yes  No  
 If Yes, Sum Insured \_\_\_\_\_  
 Do you want to Co-Applicant to be part of Home Guard Plus Policy?  Yes  No

**Co-Applicant's Information**

Co-Applicant's Name \_\_\_\_\_  
 Father's/Husband's Name \_\_\_\_\_ Relationship with Applicant \_\_\_\_\_  
 Date of Birth         Sex   Marital Status    Nationality \_\_\_\_\_  
 Occupation  Employed  Self Employed  Full Time  Part Time Current Address is  Self-Owned  Rented  Co. Leased  
 Address for Communication \_\_\_\_\_  
 District \_\_\_\_\_ City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Tel (O)     - \_\_\_\_\_  
 Tel (H)     - \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_  
 PAN No. \_\_\_\_\_ No. of Dependents \_\_\_\_\_ Children   Others    
 Education/Qualification \_\_\_\_\_ Employer / Business Name \_\_\_\_\_ Department \_\_\_\_\_  
 Designation \_\_\_\_\_ Monthly Income \_\_\_\_\_ Other Income (if any) Rs. \_\_\_\_\_ Sources of funds \_\_\_\_\_  
 Employer / Business Address \_\_\_\_\_  
 Employer / Business Contact Number     - \_\_\_\_\_ Years in Present Occupation \_\_\_\_\_  
 Address of the Property to be covered \_\_\_\_\_  
 \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Years of Construction      Loan Amount \_\_\_\_\_ Loan Tenure \_\_\_\_\_ Policy Tenure \_\_\_\_\_  
 \*Sum Insured  Fixed Contents Sum Insured \_\_\_\_\_ Premium Amount \_\_\_\_\_  
 Would you like to cover household contents against the risk of Fire & Special Perils and Burglary & Theft.  Yes  No  
 If Yes, Sum Insured \_\_\_\_\_

\* The amount % of sum insured will be in proportion of the contribution to Home loan payment

Home Guard Plus Policy

## Nominee\*

\* Nominee for self has to be one of the below mentioned relations.

Father  Mother  Son  Daughter  Spouse  Others

If Nominee is "Others" please specify: \_\_\_\_\_

Applicant	Nominee*	Name of Nominee	DOB	Age	% of Sum Insured
Nominee 1			D D M M Y Y Y Y		
Nominee 2			D D M M Y Y Y Y		
Nominee 3			D D M M Y Y Y Y		
Nominee 4			D D M M Y Y Y Y		

Co-Applicant	Nominee*	Name of Nominee	DOB	Age	% of Sum Insured
Nominee 1			D D M M Y Y Y Y		
Nominee 2			D D M M Y Y Y Y		
Nominee 3			D D M M Y Y Y Y		
Nominee 4			D D M M Y Y Y Y		

## Fire and Burglary Ceover Information:

1. Fire Extinguishing System:

a. Hand Appliances  Y  N (If Yes, details thereof) \_\_\_\_\_

b. Hydrant  Y  N (If Yes, details thereof) \_\_\_\_\_

c. Smoke, Fire Alarm  Y  N (If Yes, details thereof) \_\_\_\_\_

2. Security Guard  Y  N

3. Burglar Alarm  Y  N (If Yes, details thereof) \_\_\_\_\_

4. Property is in good state of repair  Y  N

5. Occupancy  Occupied  Unoccupied

6. Claim History \_\_\_\_\_

7. Flood History \_\_\_\_\_

8. Distance from sea, river, lake etc. \_\_\_\_\_

9. Is it in a low lying area?  Y  N

## Medical Information

1. Have you suffered / are suffering from any disease / illness?  Yes  No

If yes, indicate in the table below.

S.No.	Name	Name of Disease Suffering from	When First treated	Name of attending medical practitioner with address and telephone no.	Is it fully cured?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

2. Do you have other current or pending critical illness Insurance with Tata AIG General Insurance Company Limited or from any other Insurance Company/ If yes Policy No.: \_\_\_\_\_ Sum Insured: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_

3. Information for Critical Illness Cover

Please tick Yes/No

Applicant

Co-Applicant

1. Has your Health Insurance/Life Insurance proposal ever been declined?

YES  NO

YES  NO

2. Are you now in good health & entirely free from any mental/physical impairments or deformities?

YES  NO

YES  NO

3. Height (in cm) & Weight (in kg.) details

Ht. [ ] [ ] [ ] Wt. [ ] [ ] [ ]

Ht. [ ] [ ] [ ] Wt. [ ] [ ] [ ]

4. Have you lost more than 5 kgs weight in last 3 months?

YES  NO

YES  NO

5. Have you ever suffered from or do you suffer from Diseases of the circulatory system? E.g. Heart Disease, Chest pain, High blood pressure, Diseases of Arteries/Veins

YES  NO

YES  NO

6. Have you ever suffered from or do you suffer from Diabetes Mellitus, Cancer or Tumor of any kind, or any diseases of Blood Glands, Spleen, Ears, Eyes, or Skin?

YES  NO

YES  NO

7. Have you ever suffered from or do you suffer from diseases of the Respiratory system (Lung Diseases) e.g., Tuberculosis, Asthma, Emphysema, Pneumonia?

YES  NO

YES  NO

8. Do you have/had any complaints of difficulty in Breathing, Blood in Sputum or Persistent Respiratory Infections?

YES  NO

YES  NO

9. Have you ever suffered from or do you suffer from any disease of Genitourinary System/Kidneys?

YES  NO

YES  NO

10. Do you have/had any complaints of swelling over face/Lower limbs?

YES  NO

YES  NO

11. Have you ever suffered from or do you suffer from diseases of the Nervous system or Mental Disorders e.g. Stroke, Epilepsy, Fits/Fainting attacks, Frequent Headache, Psychiatric Disorders?

YES  NO

YES  NO

12. Do you have/had any complaints of Weakness in Limbs, tingling numbness, loss of Power in limbs or any other similar complaints?

YES  NO

YES  NO

In case of more than one co-applicants are applicable then please fill up separate Medical Information Sheets for each co-applicant & attach along with the proposal form



## AML Guidelines and Terms & Conditions

### AML Guidelines

1. 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.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. 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: \_\_\_\_\_
- Type of Organization
  - Corporations  Governments  Non Governmental Organizations  Society  International Organization
  - Trust  Partnership  Cooperatives  Section 25 Company

### Premium Payment Details

Amount Rs.

Cheque / DD No.  Date:         Bank & Branch \_\_\_\_\_

Sources of funds:  Salary  Business  Other \_\_\_\_\_

(Insured's PAN Card No.:  (In the absence of PAN Card, please give details of any other authorized photo identification card.)

Photo ID Type \_\_\_\_\_ Photo ID No.:

### Letter of Administration

The Manager

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Sir,

Ref: Letter of administration for Home Guard Plus Policy

Loan Account No. \_\_\_\_\_

I would like to appoint \_\_\_\_\_ as my administrator to Home Guard Plus Policy offered by Tata AIG General Insurance Company Limited (Tata AIG)

I authorize \_\_\_\_\_ to collect and remit my premiums to Tata AIG. I also authorize \_\_\_\_\_ to use and disclose any information collected or held (contained in my application forms or otherwise obtained) to enable the company / its associated individuals / organization or independent third parties, within or outside the country, to provide advice or information concerning products or services that the company believes may be of interest to me or to communicate with me for any purpose.

I understand that the Home Guard Plus Policy has been underwritten by Tata AIG and that all the claims will be settled by Tata AIG.

I hereby agree to \_\_\_\_\_ conveying all the above particular in my application forms to Tata AIG to enable them to issue the Home Guard Plus Policy to me/us.

Signature of the Account Holder \_\_\_\_\_ Name: \_\_\_\_\_

Statutory Disclaimer:

Insurance is the subject matter of the solicitation. For more details on risk factors and terms and conditions, please read the sales brochure carefully before concluding a sale. The benefits and features of the products and services are purely indicative in nature.

Home Guard Plus Policy

## Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013  
24x7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com  
IRDAI Registration No: 108 CIN: U85110MH2000PLC128425

### Auto Debit Instruction for Premium Payment:

I, the undersigned having a \_\_\_\_\_ saving Account No. \_\_\_\_\_ (Referred to as account) do hereby unconditionally and irrevocably authorize \_\_\_\_\_ to debit my account for Rs. \_\_\_\_\_ towards the Home Guard Plus Policy Insurance Premium as indicated above. I agree that my bank account will be debited for the amount mention above and money would be transferred to Tata AIG General Insurance Company Ltd. (Tata AIG) for commencing the risk under the policy. I understand and agree that risk under the policy would not commence, if account couldn't be debited for any reasons, whatsoever and I will have no claim against \_\_\_\_\_ or Tata AIG for loss of any nature suffered by me.

### Acknowledgment Slip

Proposal form received from: Mr./Mrs./Ms. \_\_\_\_\_

Address: \_\_\_\_\_

Premium Amount: Rs. \_\_\_\_\_

Bank Name: \_\_\_\_\_

Or Cheque No.: \_\_\_\_\_ Date \_\_\_\_\_ Branch \_\_\_\_\_

Sum Insured Opted: \_\_\_\_\_ Tenure \_\_\_\_\_