

PROPOSAL FORM

Application No: _____

Please note:

1. Please tick the boxes wherever applicable.
2. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
3. Applicable only for residential buildings with RCC/RBC/Tiles/ACC roof and external walls of Burnt bricks/Stone/Concrete blocks.
4. All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover.
5. Policy wordings are available on request.
6. Items marked with * are mandatory
7. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
8. The property proposed for insurance is not covered until the proposal is accepted and premium paid

PROPOSER'S DETAILS

1. Name of the Proposer*: _____

2. Date of Birth*: _____

3. Sex: M ☐ F ☐ 4. Marital Status: Single ☐ Married ☐ 5. Occupation: _____

6. Address for Communication* _____

City: _____ District: _____

State: _____ Pin Code: _____

Telephone Number: (O) _____ (R) _____

Mobile No: _____

Email Id: _____

GSTIN/UIN: _____

7. Nomination: Name of Insured: _____

Relationship with Proposer: _____

8. Period of Insurance From: _____ To: _____

9. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions _____

1. Benefit Fire and Allied Section

A. Covers Opted

1. Is there any policy in place for the same property? Yes ☐ No ☐
- If Yes, please provide the details _____
2. Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).

Cover	Please tick
Home Buildings & Home Contents	<input type="checkbox"/>
Home Building Only	<input type="checkbox"/>
Home Contents Only	<input type="checkbox"/>

HOME SECURE (HOUSEHOLDERS) POLICY

UIN: IRDAN108RP0002V04100001



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B. Location of Home Building		
1.	Location of Home Building - full postal address with Pin Code.	Pin Code:
2.	Is it in a multi-storey building or is it a standalone house?	Multi-Storey Building <input type="checkbox"/> Standalone House <input type="checkbox"/>
3.	In case of multi-storey building, please provide the floor number of Your house	
4.	Is there a basement to Your house?	Yes <input type="checkbox"/> No <input type="checkbox"/>

C. Details of Home Building																	
<p>Please note:</p> <p>Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.</p> <p>It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:</p> <p>a. garage, domestic out-houses used for residence, parking spaces or areas, if any;</p> <p>b. compound walls, fences, gates, retaining walls, internal roads;</p> <p>c. verandah or porch and the like;</p> <p>d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.</p>																	
1.	<p>Sum Insured (SI) for Home Building:</p> <p>Please note the following:</p> <p>(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</p> <p>a. For residential structure of Your Home including fittings and fixtures:</p> <p>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</p> <p>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</p> <p>b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</p>	<p>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</p> <p>Sum Insured (in ₹) <input type="text"/></p> <p>b. SI for additional structures (in ₹):</p> <table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Additional Structure	Sum Insured (in ₹)													
Additional Structure	Sum Insured (in ₹)																
2.	Carpet area of structure of Home in square metres	_____ Square Metres															
3.	Rate of Cost of Construction per square metre at the policy Commencement Date	_____ (in ₹)															
Other Details																	
4.	Age of Home Building	<p>Please tick relevant Option</p> <table border="1"> <tbody> <tr> <td>Less than 5 Years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5-10 Years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>10-20 Years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Above 20 Years</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Less than 5 Years	<input type="checkbox"/>	5-10 Years	<input type="checkbox"/>	10-20 Years	<input type="checkbox"/>	Above 20 Years	<input type="checkbox"/>							
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Above 20 Years	<input type="checkbox"/>																
5.	<p>Construction Details</p> <p>Please note the following:</p> <p>(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/ asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.</p> <p>Construction other than Kutcha Construction is a 'Pucca Construction')</p>	<table border="1"> <tbody> <tr> <td>Construction type</td> <td>Kutcha <input type="checkbox"/></td> <td>Pucca <input type="checkbox"/></td> </tr> <tr> <td colspan="3">If Kutcha, please provide the following details:</td> </tr> <tr> <td>Wall</td> <td>Kutcha <input type="checkbox"/></td> <td>Pucca <input type="checkbox"/></td> </tr> <tr> <td>Roof</td> <td>Kutcha <input type="checkbox"/></td> <td>Pucca <input type="checkbox"/></td> </tr> <tr> <td>Floor</td> <td>Kutcha <input type="checkbox"/></td> <td>Pucca <input type="checkbox"/></td> </tr> </tbody> </table>	Construction type	Kutcha <input type="checkbox"/>	Pucca <input type="checkbox"/>	If Kutcha, please provide the following details:			Wall	Kutcha <input type="checkbox"/>	Pucca <input type="checkbox"/>	Roof	Kutcha <input type="checkbox"/>	Pucca <input type="checkbox"/>	Floor	Kutcha <input type="checkbox"/>	Pucca <input type="checkbox"/>
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Home Secure (Householders) Policy UIN: IRDAN108RP0002V04100001

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D. Details of Home Contents

Please note the following:

- Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.

E. Details of Home Contents

1.	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for General Contents (in ₹): <table border="1"> <tr> <th>Items</th> <th>Sum Insured (in ₹):</th> </tr> <tr> <td>Furniture, Fixtures and Fittings (Home Furnishings)</td> <td></td> </tr> <tr> <td>Electrical/Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </table>	Items	Sum Insured (in ₹):	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
Items	Sum Insured (in ₹):									
Furniture, Fixtures and Fittings (Home Furnishings)										
Electrical/Electronic										
Others										
2.	In case of Basement, if there are contents in it, please provide the Sum Insured									

F. In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)

1.	Cover for (please tick) <table border="1"> <tr> <td>Loss of Rent</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td><input type="checkbox"/></td> </tr> </table>	Loss of Rent	<input type="checkbox"/>	Rent for Alternative Accommodation	<input type="checkbox"/>	Loss of Rent: i. Sum Insured (in ₹): ii. Number of months: Rent for Alternative Accommodation: i. Sum Insured (in ₹): ii. Number of months:
Loss of Rent	<input type="checkbox"/>					
Rent for Alternative Accommodation	<input type="checkbox"/>					

G. Optional Covers (available on payment of additional premium)

1.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Self <input type="checkbox"/> Self & Spouse <input type="checkbox"/> <table border="1"> <tr> <td>Age (Self)</td> <td></td> </tr> </table> For Self and Spouse <table border="1"> <tr> <td>Name of your spouse</td> <td></td> </tr> <tr> <td>Age of spouse</td> <td></td> </tr> </table>	Age (Self)		Name of your spouse		Age of spouse													
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2.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover): (Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) (You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please attach list of items and Sum Insured: <table border="1"> <tr> <th>Sr. no.</th> <th>Description</th> <th>Value (₹)</th> </tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> Valuation certificate attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sr. no.	Description	Value (₹)															
Sr. no.	Description	Value (₹)																		

2. Benefit: Public Liability

	Sum Insured (₹)	Premium (₹)
Public Liability Workmen Compensation Liability for domestic servants (excluding gatekeepers, paid drivers and gardeners)		

HOME SECURE (HOUSEHOLDERS) POLICY

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3. Benefit: Burglary and Theft	Sum Insured (₹)	Premium (₹)
Contents - All contents in the premises stated at the above address Note: Insurance on contents should be for value equivalent to the value mentioned under 'Contents' under Benefit-Fire & Allied Perils B) above. Cover desired on first loss basis - Yes <input type="checkbox"/> No <input type="checkbox"/> Waiver of condition of average <input type="checkbox"/> Indicate first loss percentage amount: 25 <input type="checkbox"/> 50 <input type="checkbox"/> 65 <input type="checkbox"/> 75 <input type="checkbox"/> >75 <input type="checkbox"/>		

4. Benefit: Pedal Cycle					Sum Insured (₹)	Premium (₹)
Sr. No	Make & Name of Manufacturer*	Year of make*	Frame No.*	Value including Accessories*		
1						
2						
3						
Total						

5. Benefit: Plate Glass - Please give description, size and location of glass					Sum Insured (₹)	Premium (₹)
Sr. No	Description*	Size*	Frame No.*	Location*		
1						
2						
3						
Total						

6. Benefit: Baggage Insurance	Sum Insured (₹)	Premium (₹)
Total Value of Personal Baggage, Personal effects and other articles carried (during the period of Travel anywhere in the world)		

7. Benefit: Breakdown of Domestic Electrical and Electronic Appliances Please list the items which you wish to cover indicating the present day replacement value (only up to 8 years old).				Sum Insured (₹)	Premium (₹)
Sr. No	Description/Make/Model*	Year of Make*	Serial Number*		
1					
2					
3					
Total					

8. Benefit: Marine Transit	Sum Insured (₹)	Premium (₹)
Contents Yes <input type="checkbox"/> No <input type="checkbox"/>	As in Benefit Burglary	

9. Benefit: Personal Accident (Applicable only to persons in the age group 12 - 70 years)										
Name of the person to be Insured*	Age*	Occupation	Relationship with the Proposer*	Details of existing infirmity/disability*	Name of assignee*	Age of the Assignee	Name of the Appointee	Relationship to Proposer*	Capital Sum Insured (₹)*	Premium (₹)*
Total										
I / We hereby assign the money payable by Tata-AIG General Insurance Co. Ltd, in the event of my death to the assignee named above and I further declare that his/her/their receipt shall be sufficient discharge to the Company.										

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10. Benefit - Expenses Towards Temporary Re-settlement Expenses (Max. Sum Insured ₹10,000)	Sum Insured (₹)	Premium (₹)

11. Benefit - Loss of Cash Whilst in Transit (Maximum sum insured of ₹20,000)	Sum Insured (₹)	Premium (₹)

12. Benefit - Jewellery and Valuables (Please list the items which you wish to cover)			
Sr. No	Description/ Number/Weight	Sum Insured	Premium
Total			

Note:

- Valuation and inspection certificate from Jewellers/Valuers in respect of any single item of value more than ₹50,000/-has to be submitted.
- If total value of items proposed for Insurance in this Benefit is more than ₹5 lacs then these would be valued by our approved Valuers and photograph should be submitted

13. Benefit - Fraudulent Charges (Maximum sum insured of ₹100,000)	Sum Insured (₹)	Premium (₹)

14. Benefit - Loss Wallet (Maximum sum insured of ₹15,000)	Sum Insured (₹)	Premium (₹)

15. Benefit - Key Replacement (Maximum sum insured of ₹25,000)	Sum Insured (₹)	Premium (₹)

Details of Other Insurance

Previous Insurance Details

Name and Address of Previous Insurers	Policy Number	Expiry Date	Claims under Section	Claims during preceeding 3 years		
				Year	No. of claims	Amount

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Payment Details

Amount (in ₹): _____

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

Cheque/DD No. _____ Date: _____

Bank Name: _____ Branch: _____

Credit/Debit Card No: _____ Expiry Date: _____

PAN Card Number: _____ In absence of PAN Card, please give details of any other authorized photo identification card.

Card Type: _____ Number: _____

Sources of funds (please tick wherever applicable): Salary ☐ Business ☐ Others (Please Specify) _____

AML Guidelines

1. 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.
2. 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.

Declaration (Other than Personal Accident section)

"I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and TATA AIG General Insurance Company Limited.

I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Tata AIG General Insurance Company Limited.

I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

I/We agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us as required by the procedures/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation

I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".

Declaration and Warranty on behalf of all persons proposed to be insured under Personal Accident

1. I/We 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 and to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of 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.
3. I/We further declare that I/We 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.
4. I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

Date: _____

Place: _____

Proposer's Signature:

For Producer's Use Only

Producer's Code : _____ Field Receipt No.: _____ Date: _____

Premium ₹ _____ Cash / Cheque No.: _____ Bank: _____

Date : _____ Business of : Rural _____ Social Sector _____ Others _____ Producer's Signature _____

Bank Details*

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account

Name of the account holder: _____

Name of the bank: _____ Branch: _____

Type of Account: SB Account ☐ Current Account ☐ Others ☐ (please specify) _____

Account no. _____ Bank IFSC code: _____

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 ₹25,000

Insurance is the subject matter of the solicitation. For more details on risks factors, terms and conditions, please read sales brochure carefully, before concluding a sale

Prohibition of Rebate - 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 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 PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

HOME SECURE (HOUSEHOLDERS) POLICY

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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 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:

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: _____

Signature of Agent: _____

HOME SECURE (HOUSEHOLDERS) POLICY

UIN: IRDAN108RP0002V04100001

Proposal Form No : _____

Acknowledgement for Proposal

Please retain this counterfoil for your records (On behalf of Tata AIG General Insurance Company Limited)

We acknowledge the receipt of payment of ₹ _____ vide _____ from _____.

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. Tata AIG General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of Policy shall be subject to receipt of completed proposal form, premium payment and underwriting decision of the Company.

Signature of the Representative:

Name of the Representative:

You are requested to visit The Company's website www.tataaig.com for Policy Wordings.

Tata AIG General 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 | E-mail: customersupport@tataaig.com | Website: www.tataaig.com
IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425