

Janata Personal Accident Policy (Individual)
Micro Insurance Product - Proposal Form



Please write in BLOCK letter and use black ink.
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 paid)

POS PAN No.\* (Mandatory for POS Agent)

1. Name of the Proposer: Mr. / Mrs. / Ms./ M/s
2. Address: Village, Block / Tehsil, PIN Code
3. Contact Number: (Mobile), (Office), E-mail ID
4. Policy Tenure: 1 Year, 2 Year, 3 Year
5. Gender: Male, Female; Date of Birth: DDMMYYYY
6. Marital Status: Married, Single
7. Occupation: Policy Period from to
8. Insured Person details

Table with 6 columns: S. No., Insured Person Name, Relationship with Proposer, Sum Insured Opted\*\*, Marital Status (Married/Single), Any Pre existing illness / disability Specify Details

Note: 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. The nominee must be an immediate relative of the Proposer. If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Table with 6 columns: Insured Person Name, Nominee Name, Date of Birth, Name of Appointee (If Nominee is Minor), Address of the Appointee, Appointee's Relationship with Minor (Nominee)

9. Additional Details
(a) Whether you have taken any personal Accident Policy . If Yes, from TATA AIG Others
(b) Policy Number (c) Sum Insured
(d) Declaration by / on behalf of the Insured

Income Declaration :
I hereby declare that I am a Salaried / Self Employed person & my Gross Annual Income is (Rs '000) : Rs
I understand that the Sum Insured opted for will not be greater than 10 times / 20 times Gross Annual Income as per below -
Date: Signature of Proposer:

(a) in case of Salaried Person – Max 10 times of Income (as appearing in Form 16/ Salary Slip/ IT acknowledgment)
(b) in case of Self – Employed Person – Max 20 times of Income (as appearing in IT acknowledgment / Audited P&L
Note: Any change in occupation (if any, in future) to be mandatorily informed to Insurer, only when such change lead to a material change in the risk.

10. Premium Payment Details
Amount Rs. Cheque / DD No. Date:
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.:

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

