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

Type of Account:

SB Account



Please write in BLOCK letter and use black ink To help us serve you better, kindly ensure that the form is completely filled POS PAN No.* _____ (Mandatory for POS Agent) (This Insurance does not commence until the proposal is accepted and premium paid) Name of the Proposer: Mr. / Mrs. / Ms./ M/s Address: Village Block / Tehsil PIN Code (Office) (Mobile) Contact Number F-mail ID 4. Policy Tenure 1 Year 3 Year Date of Birth: 6. Marital Status Married Single Gender Policy Period from _ Occupation Insured Person details **Marital Status** Any Pre existing Sum Relationship with Insured (Married/ illness / disability Insured Proposer No. Person Name Opted** Single) **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; Appointee's Address of the Appointee **Nominee** Name of Appointee Relationship with **Date of Birth Person Name** Name (If Nominee is Minor) 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 Cheque / DD Amount Rs. Sources of funds : Salary Business Other (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 #. A service (IMPS) is a service of the insured and the following details of the following details of the insured and the following details of the following details ofName of the Account Holder: Name of the Bank:

Current Account

Others (please specify)

Janata Personal Accident Policy (Individual) Micro Insurance Product UIN: TATPMIP23127V022223

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| I/we hereby confirm that all property income. I / we understand the second | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| any competent court of law ur | 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 | | | | | | | | | | | | | | , , | | | | | | | | | | | | | | |
| I/we are not Politically Expose Exposed Person / close relativ | | | | | | | | | | | | associa | ates. | I/we | e shal | l keep | o the c | ompa | ny inf | forme | ed if v | we s | ubse | quer | itly b | ecom | ie a l | Politi | ally |
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| Additional Information | | | | | | | | | | | | | | | | | | | | | , | igiic | iture | 011 | торс | ,301. | | | |
| (If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of the Insured Person | / Pro | pose | r | | | | | | | | | | | | | | | | | Dat | e: | | DI | M | М | Υ | Y | Υ | Y |
| DECLARATION & WARRANTY O | N BE | HALF | OF AL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ I/ We hereby declare, on my | | | | | | | | | | | | | | | | | | | | | r pai | rticu | lars g | giver | n by | me a | re tr | ue a | nd |
| complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons. 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 | | | | | | | | | | | | | ny | | | | | | | | | | | | | | | | |
| and that the policy will come | | | _ | | | | | | | | _ | | | | 111 | 41£ | ١:۵ - اند | | | | , | | c u | 41 | | | -11 | | |
| I/ We further declare that I/V submitted but before comm | | | | | | _ | | | _ | | occup | ation c | orge | nera | ıneaı | tn or | tneıir | е то р | e insi | urea | pro | pose | er art | ertr | ie pro | opos. | ai na | is be | en |
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| present employer concernin to which an application for in | | | | | | | | | | | | | | | | | | | | | | | | | | | e co | mpa | ny |
| ☐ I/We authorize the compan | | | | | | | | | | | | | | | | ns | | | | | | | | | | | | | |
| settlement and with any Go | | nenta | l and/ | or Re | egulat | ory Aı | uthc | ority. | | | | | | _ | | | C D | | | | | | | | | | | | |
| Date: | | - | | | | | | | | | | | | S | ignati | ure o | of Prop | ooser | · _ | | | | | | | | | | - |
| Declaration | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| abide by the policy terms & con Signature of the Proposer: | altioi | 15. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Signature of agent/inte | | - | | | | 1 | | | - al ! | | | (+ l | | | | ode: | | | _ | | | | | | | | | | |
| Vernacular Declaration (Certi The content of this form along w | | | | | | | | | | | | | | | | ained | d by m | ne in v | erna | cular | to th | ne p | ropo | ser | who | has ι | ınde | rsto | od |
| and confirmed the same. Signature/Thumb impression or | ftha I | Drono | cor | | | | | | | | | | | _ | | | - | | | | | | | | | | | | |
| Name & Signature of agent/inte | | | | | | | | | | | | | | | | | | | _ | | | | | | | | | | |
| Agent Declaration: | | | | | | | | | | | | | <i>(</i> = 1 | | | | | | | | | | | | | | | ٠. | |
| I, Corporate Agent/Authorized em | ploye | ee of t | he Bro | oker | /Relati | ionsh | ip O | fficer | , do h | ere | by dec | lare th | nat I I | have | expla | ined | l all the | e cont | ents | of th | is Pro | opo: | sal Fo | orm, | , inclu | uding | the | natu | ire |
| of the questions contained in thi contained herein or any details | s Prop | oosal | Form | to th | e Prop | oser | incl | uding | state | eme | nt(s), i | nform | atio | n and | l resp | onse | (s) sub | omitte | ed by | him/ | her i | n th | is Pro | opos | sal Fo | orm to | o qu | estio | ns |
| Company for issuance of the P | olicy. | I hav | e furt | ther | explai | ned t | hat | if an | y unt | rue | state | ment(s | s)/ in | form | natior | n/resp | ponse | (s) is/ | are c | onta | ined | l in | this F | Prop | osal | Forn | n/in | cludi | ng |
| addendum(s), affidavits, statem there has been a non-disclosure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| premiums paid under the Policy | may l | oe for | feited | l to th | ne com | pany | ' . | | | _ | | | _ | | | <u>. </u> | | | | <u>,</u> | _ | | | _ | _ | _ | | | _ |
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| Name of the specified Person a Place: | | ue [| | Ш | | | | | | | | | | | | | | | | | | | | \perp | 丄 | Щ | | | |
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| renewing or continuing a pol | icy ac | cepťa | ny reb | oate, | except | tsuch | reb | ate as | s may | be | allowe | ed in ac | cord | lance | with | the p | ublish | ied pr | ospe | ctus | ortaĥ | les | ofthe | insi | urer. | | | , | |
| 2. Any person making default i | n con | nplyin | gwith | n the | provis | ions | of th | is sec | ctions | shall | l be lia | ble for | pen | altyv | vhich | may | exten | id to t | en lak | kh ru | pees | • | | | | | | | |
| Disclaimer: Insurance is the subject | | | | solicit | ation. | For m | ore | detai | ls on r | isk f | factors | , terms | and | cond | dition | s, plea | ase re | ad sal | es bro | ochui | re car | reful | lly, be | fore | conc | :ludin | ıg a s | ale. | |
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| Proposal form received from M | r./Mrs | s./Ms. | : | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sum Insured: | | | | | | Te | nur | e : | | | | | _ To | otal N | lumb | er of | Insure | ed Pe | rson(| s): _ | | | | — | — | — | | | _ |
| | Insi | uranc | e is th | ne su | | | | | | | | more o ully, be | | | | | | ms ar | nd co | nditi | ons, | | | | | | | | |

Tata AIG General Insurance Company Limited