Maharaksha Personal Injury Plan Policy Proposal Form

Place: ____



Application No	o.:																							Int	erm	ned	iary	Cod	le:_						
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1. Name of the F	Proposer (Mr./Mrs	s./Ms	.)												T																				
			$\overline{}$		Fii	st Nar	ne					I				Middle Name							Last Nan						ne						
2. Address						_							+																	\vdash					
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State																												Ρ	IN						
3. Telephone: Office																Residence																			
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E-mail									Occupation: Salaried Self Employed										٦																
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8. Persons to be		ame						T	D	ato (of B	irth								N	omi	nec	. Na	me					Т		D	ادام	ions	ship	
Proposer									Date of Birth							Nominee Name												\forall	Relationship						
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*If the Nominee	nd Re	Relationship with Minor:														۸ ما ما	1400	- of	+1-			nto													
Appointee Name										К	eiai	lion	sni	p									Add	res	S OT	tne	e Ap	poi	nte	е					-
9. Premium De	tails:						_																		_						_				
Premium incl 18% GST Option 1									Option 2 Opt							1					tior	ion 4 Option						n 5							
PLAN 1 (1 Insu	red person)		1,309						2,617							3,0	3,074] :	3,842			5,54			13	7,391			} 1		
PLAN 2 (2 Insu	red person)				2,:	4,442							5,225				6,531			1	9,6					16 12,821					21				
PLAN 3 (3 Insured person) 3,266									6,531						7,674				9,592				14,14			41	18,854			54					
PLAN 4 (4 Insured person) 4,184								8,368							9,826 12,282							18,100								24,13	33				
*If Age of any re	elationship crosse	es 70	com	plete	e yea	rs, the	en, tl	nere v	∕viII l	oe a	509	% re	duc	tion	in b	ene	fits.																		
the risk to b result in the The cover w The liability The contract Any grievan Customers I hereby declare Annual Income a In case of Sa	al that you answe be insured or our rejection of your ill be valid for the of Tata AIG Gener t of Insurance is b ce with respect to are requested to t that my Gross An	decis claim perio cal Inso etwe insu read nual	sion and and sel suranteen Tarrance the sallncor	is to the ecte ice C ata A e pol ales I me is	the a avoid d afte ompa IG Ge icy/ c broch s Rs	er the any Lineral laims. Jure a	ance of you start mite Insu / sett nd p	of the ur po of the d doe rance leme olicy	ne ri: olicy e po es no e Co ents, term	sk or whe olicy ot co mpa sha ns &	r the en a and mm any l ill be con ar	e ter clair l will nenc Limi e tak ditio nd u	ms h is be un ted en u ens nde	upo mad rene ntil t and up w befo ersta	on wholes determined the control of	d on omp insu ata akin hati	expoany ired AIG g the the S	hou iry, y ha I. Gei e in Sun	if so is ac ner isur in In	be a ccep al In and sur-	ted oted sura e. ed o	for. the	pro e Co	pos mp	allu allai any	re t nd t Lim	o coi he fu ited.	mp ıll p	ly w	ith th	nis d	blig bee	atio en pa	n now	may
I/ We hereby complete in I understand and that the I/ We further submitted by I/We declared or present expenses to company to I/We author	& WARRANTY Or y declare, on my all respects to the d that the informe policy will come in declare that I/W out before commuse and consent to temployer concern which an applicative the company and with any Governal	beha e bes latior into f le wil unica the co ning tion f to sh ernm	If and t of m provionce I notification of compa anyth for ins	d on yideo only fy in of the iny s ning sura nfor	beha lowle d by n after writir e risk eekir whicl nce o	If of a dge and full resurged accepting and accepting meets and the on pe	all pe nd th I for eceip / cha otan dical cts the life t	rsons that I/W that tofth nge of the by infor he ph to be a	S prove a second the control of the	opos m/ a sis o remi rring comp cion t al a red/ pro	sed fins ium gin pan fror nd r	to be uther cha the e ye n an nen pos	e in oriz nce rge occu y ho tal l	sure ed to poli able upat ospit neal	ed the oproperties of the control of	opos s sul or ge tho a f the mae	se or bjec ener at ar e life de fo	n be ral h nytin e to for t	eha the hea me be he	If of e Bo Ith has ass our	the ard of th atte ure oose	se c app e lif ende d/pr e of r	ethe rov ed o ropo und	r pe ed i be i n th oser erw	rsor unde nsu e lif and ritin	ns. erw red e to d se	riting / pro be in eking ne pro	g po po: nsu g ir opo	olicy ser a reda form	of the after pro mational	ne I the pos on f	pro er o rom	rance posa r fro any set	e comp al has b m any insura tlemer	pany been past ance nt.

Signature of Proposer: ___

Premium Payment Details
Amount Rs.
Cheque DD No. Date D D M M Y Y Y Y
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.:
AML guidelines:
 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. 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.
Nationality: Indian Non-Indian If Non-Indian, please specify Country:
• Type of Organization
Corporations Governments Non Governmental Organizations Society
Trust Partnership International Organization Cooperatives Section 25 Company
PAN Card No. in the absence of PAN Card, please give details of any other authorized photo identification card.
Card Type Number :
Sources of funds (please where applicable) Salary Business Other (Please specify)
Additional Information (If there is insufficient space to provide additional valey and information, whether as requested as athere is a place attach outre sheet duly signed.)
(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)
Bank Details Proposer's Signature
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: Branch:
Type of Account: SB Account Current Account Others (please specify)
Account Number: IFSC Code of Bank:
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 Rs. 10,000
Specified Person Details:
SP Certificate No. SP Name SP Signature
Section 64 VB of the Insurance Act 1938
Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited. 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:
[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.
 Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 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 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 prospectus or tables of the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees. License No. (Intermediary/Corporate Agent/Broker/Relationship Officer): -
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.