

PROPOSAL FORM

Insured Details (In block letters)

Name of the Insured: _____

Residential Address: _____

City _____ State _____

PIN _____ STD Code _____

Date of Birth _____ Occupation _____

Contact Information: Mobile _____ Phone _____

Email _____

Number of payment cards you would like to insure with us: _____

| Card Number | Type | Issuer | Expiry Date |
|-------------|------|--------|-------------|
| | | | |
| | | | |
| | | | |

Period of Insurance : From __ / __ Hrs. On _____ To Mid Night of _____

Coverage for SIM card required: ☐ Yes ☐ No

If yes, pl. provide details of Service provider and Sim Serial Number: _____

Are the cards currently in good standing? _____ (cards must be in good standing to qualify for coverage)

Please check the coverage you would like to have and state the desired limits and deductible:

(All figures in Rupees)

| | Coverage | Occurrence Limits | Aggregate | Deductible | Total Premium |
|--------------------------|--|-------------------|-----------|------------|---------------|
| A. | Personal Identity Protection | | | | |
| <input type="checkbox"/> | Identity theft | | | | |
| <input type="checkbox"/> | Lost wages sub-limit | | | | |
| <input type="checkbox"/> | Fraudulent charge | | | | |
| <input type="checkbox"/> | ATM assault and robbery | | | | |
| <input type="checkbox"/> | Lost wallet coverage | | | | |
| B. | Personal Traveling Protection | | | | |
| <input type="checkbox"/> | Personal trip liability coverage | | | | |
| <input type="checkbox"/> | Personal trip effects coverage | | | | |
| <input type="checkbox"/> | Money & cheques sub-limit | | | | |
| <input type="checkbox"/> | Home protection while you are away | | | | |
| <input type="checkbox"/> | Money & cheques sub-limit | | | | |
| C. | Personal Credit Card Protection | | | | |
| <input type="checkbox"/> | Price protection | | | | |
| <input type="checkbox"/> | Purchase protection | | | | |
| <input type="checkbox"/> | Key replacement coverage | | | | |

PERSONAL EXTENDED PROTECTION POLICY - COMMERCIAL

UIN: IRDAN108CP0047V01201819



WITH YOU ALWAYS

| | Coverage | Occurrence Limits | Aggregate | Deductible | Total Premium |
|--|------------------|-------------------|-----------|------------|---------------|
| | Subtotal | | | | |
| | Discount % | | | | |
| | Basic Premium | | | | |
| | Add: Service Tax | | | | |
| | Total Premium | | | | |

Premium Details

Premium paid by cash / Cheque No.: _____ Date: _____ Amount (₹): _____

Bank Name: _____ Branch: _____

PAN card Number: _____

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

Card Type: _____ Number: _____

Sources of fund (please tick 3 where applicable) ☐ Salary ☐ Business ☐ Others (Please Specify) _____

Producer Name: _____

Producer Code: _____

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

"I/We desire to insure with Tata-AIG General Insurance Company Limited my/our payment cards described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. 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 policy of insurance along with the said conditions prescribed by the Company I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Tata-AIG General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited 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/regulation 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.

Date: _____

Place: _____

Signature of Proposer

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UIN: IRDAN108CP0047V01201819



WITH YOU ALWAYS

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: _____

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 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 ₹10,000

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.
- Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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.

Grievance Redressal Procedure: As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation 2017.