

## PROPOSAL FORM

(Please fill the form in Capital letters and to help us serve you better, kindly ensure that the form is completely filled.)

Branch/office Code: \_\_\_\_\_ Proposal Form No.: \_\_\_\_\_

Agent/ Intermediary Name: \_\_\_\_\_

Agent/Intermediary Code/License no / Contact No: \_\_\_\_\_

Specified Person Name & Code: \_\_\_\_\_

Policy Issuing Office: \_\_\_\_\_

1. This is proposal for insurance and commencement of risk under this Proposal is subject to acceptance of risk by Us and receipt of premium by us.
2. The information declared by You in this form is the basis for issuance of the Policy.
3. Please answer all questions carefully. Any incomplete or incorrect information may lead to rejection of the proposal

### PROPOSER DETAILS

1. Name of the Proposer:	<input type="text"/>																													
2. Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>	3. Date of Birth:	<input type="text"/>																						
4. Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Other	<input type="checkbox"/>	5. Income (Annual):	<input type="text"/>																						
6. Occupation:	Salaried	<input type="checkbox"/>	Self-Employed	<input type="checkbox"/>																										
7. Occupation Details:	<input type="text"/>																													
8. Mobile No:	<input type="text"/>					9. Email ID:	<input type="text"/>																							
10. Educational Qualification:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> PhD <input type="checkbox"/> Others																													
11. Communication Address:	<input type="text"/>																													
	<input type="text"/>																													
	Pincode:					<input type="text"/>					Tel. With area code in India:					<input type="text"/>														
12. Permanent Address:	<input type="text"/>																													
	<input type="text"/>																													
	Pincode:					<input type="text"/>					Tel. With area code in India:					<input type="text"/>														
13. Contact Email id:	<input type="text"/>										Contact No:										<input type="text"/>									
14. PAN Card No:	<input type="text"/>																													
15. Employee of Tata Group:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, Company name																<input type="text"/>									
	Location					<input type="text"/>																								
	Address					<input type="text"/>																								
	Employee ID					<input type="text"/>																								
16. GST number	<input type="text"/>																													
17. Existing customer of Tata AIG General Insurance Company Ltd:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please provide details:																<input type="text"/>									

### Policy Details:

1. Proposed Policy Period: From:  To:

2. Coverages:

Coverage						
SN	Cover Name	Base/Optional*	Sum Insured (On Individual Basis)			
			Insured A	Insured B	Insured C	Insured D
1	Death	Base Covers				
2	Permanent Total Disablement					
3	Permanent Partial Disablement					
4	Temporary Total Disablement	Optional				
5	Hospitalisation Expenses due to Accident	Optional				
6	Education Grant	Optional				

\*All base covers are mandatory covers, Optional covers can be opted as per the requirement. Please mention not required/NA if optional covers are not required.

3. Details of Person(s) to be Insured

Insured Person Details - A						
SN	Insured Person Name	DOB	PAN	Relationship with Proposer	Gross Annual Income	Any history of major injury/disability or illness like Paralysis, Stroke, Seizures, Epilepsy
	Insured A	(DD/MM/YYYY)				
	Insured B	(DD/MM/YYYY)				
	Insured C	(DD/MM/YYYY)				
	Insured D	(DD/MM/YYYY)				

Insured Person Details -B							
SN	Insured Person Name	Nominee DOB	Gender	Occupation	Nominee	Relation with Insured / Address	Name of Appointee
	Insured A	(DD/MM/YYYY)					
	Insured B	(DD/MM/YYYY)					
	Insured C	(DD/MM/YYYY)					
	Insured D	(DD/MM/YYYY)					

**Proposer's Bank Details:**

1. Name of the Bank Account Holder: \_\_\_\_\_
  2. Bank Account No.: \_\_\_\_\_ & Account Type: Saving / Current
  3. Name of the Bank: \_\_\_\_\_
  4. Branch: \_\_\_\_\_
  5. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank): \_\_\_\_\_
  6. IFSC Code (11 character code appearing on your cheque leaf): \_\_\_\_\_
- (I understand that any refund due on the premium payment to be directly credited to my aforesaid Bank Account.)

**Any other Personal Accident Policy Details:**

Is the proposer or any of the persons proposed, already insured under a personal accident plan with Tata AIG General Insurance Company Limited or any other insurer or has applied for getting the policy & the proposal is pending for Policy Issuance? \_\_\_\_\_

Has any health Insurance, Personal Accident or Travel insurance proposal for any of the prospects has been declined by Tata AIG or any other Insurer? \_\_\_\_\_

Name of Insured Person	Name of Insurance Company	Policy Number	Policy Effective dates	Sum Insured	Details of claims lodged during the preceding years*

\*Please mention complete details of all claims including date of loss, type of claim, details of injury & treatment taken

Premium Payment Details:	
1. Payment by: Cheque/DD/Credit Card/Debit Card/UPI/Wallet/NEFT/IMPS	
2. Amount:	
(Amount in words:)	
3. Bank Name:	
4. Cheque No./DD No./	
5. Name of the Cardholder	
6. Cheque/DD date:	DD MM YY YY YY
7. Name of the Premium Payer:	
8. Details of NEFT/IMPS/UPI/Wallet	

\*In case of payment made through Cheque/DD then please issue an A/c payee instrument in favour of "Tata AIG General Insurance Company Limited"

**Nationality:**

Indian / Non-Indian

If Non-Indian, please specify Country: \_\_\_\_\_

**Declaration & Warranty on behalf of all persons proposed to be insured**

- I 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 to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the 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.
- I further declare that I 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.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I 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: \_\_\_\_\_

**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.

Nationality: Indian ☐ Non-Indian ☐

If Non-Indian, please specify Country: \_\_\_\_\_

Type of Organization making the payment (Please tick)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Limited company            | <input type="checkbox"/> Government organization | <input type="checkbox"/> Non-Governmental Organization (NGO) |
| <input type="checkbox"/> Society                    | <input type="checkbox"/> Trust                   | <input type="checkbox"/> Partnership                         |
| <input type="checkbox"/> International Organization | <input type="checkbox"/> Cooperatives            | <input type="checkbox"/> Section 25 Company.                 |

**Additional Information**

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Proposer

**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 \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Intermediary

**Prohibition of Rebates - 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 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

**Disclaimer**

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

SARAL SURAKSHA BIMA,  
TATA AIG GENERAL INSURANCE COMPANY LIMITED -  
MICRO INSURANCE PRODUCT  
UIN: TATPMIP22009V012122

Application no:

Date :

ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Name of the Proposer: \_\_\_\_\_

We acknowledge with thanks the receipt of your application for SARAL SURAKSHA BIMA, TATA AIG General Insurance Company Limited and amount by

Cash ☐ Cheque ☐ Demand Draft ☐ Others ☐ \_\_\_\_\_ of amount of Rs. 

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Neither the submission to us of the proposal form nor any payment towards this proposal form obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal form for insurance, it shall be subject to the policy terms and conditions and the risk commencement date shall be on or after the realization of full premium amount. Where the premium is paid in instalment all instalments should be received by us on or before their due dates and our liability to make any payment under the policy shall only accrue post receipt of all instalments. We shall have no liability to accept the proposal in the event of non-fulfillments of additional information requested by us or to make any payment if proposal is under process & claim arises in the interim period before the decision on the proposal is given by us.

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

Saral Suraksha Bima, Tata AIG General Insurance Company Limited - Micro Insurance Product UIN: TATPMIP22009V012122

