

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

Policy Details:

1. Proposed Policy Period: From: [Grid for Start Date] To: [Grid for End Date]

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:

- Name of the Bank Account Holder: _____
 - Bank Account No.: _____ & Account Type: Saving / Current
 - Name of the Bank: _____
 - Branch: _____
 - MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank): _____
 - 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:	<input type="text"/>
(Amount in words:	<input type="text"/>
3. Bank Name:	<input type="text"/>
4. Cheque No./DD No./	<input type="text"/>
5. Name of the Cardholder	<input type="text"/>
6. Cheque/DD date:	<input type="text" value="DD"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
7. Name of the Premium Payer:	<input type="text"/>
8. Details of NEFT/IMPS/UPI/Wallet	<input type="text"/>

*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 have been / will be paid from bonafide sources and no premiums have been / will be paid out of proceed of crime related to any of the fence listed in preventions of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance Company has right to cancel the insurance contract in case I am / have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.

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.

