

Proposal Form

1. This is an application for Insurance and Issuance of this does not amount to acceptance of Proposal by Us. Commencement of risk under this Proposal is subject to acceptance of the risk by Us and receipt of premium.
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, incorrect or partially correct answers may lead to rejection of the Proposal and also might lead to cancellation of Policy.

1. Proposer Details:

POS PAN No. (Mandatory for POS Agent)				Proposal No.			
1	Name (Mr./ Mrs./Ms./Dr./M/S)						
2	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/> Others					
3	Date of Birth (DD/MM/YYYY)						
4	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
5	No. of Children	Sons			Daughters		
6	Income* (Annual)						
		Self			Earning Spouse		
		*Weekly income will be calculated as (Declared Annual Income/52)					
7	Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Property Owner <input type="checkbox"/> Capital Investor <input type="checkbox"/> Non-Earning					
8	Nature of Occupation						
9	Mobile No.						
10	Masked Aadhaar No.						
11	Email ID						

TATA AIG GENERAL INSURANCE COMPANY LIMITED



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12	Correspondence Address				
	Area				
	City/Town		PIN Code		
	District		State		
	Permanent Address	<input type="checkbox"/> Same as Correspondence Address:			
	Area				
	City/Town		PIN Code		
	District		State		
13	PAN Card No.		GSTIN No.		
	In absence of PAN Card please give Form 60 declaration:				
14	TATA Group Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employee ID No.		
15	Nationality				
16	Policy Tenure	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years			
17	Proposed Policy Period	From		To	

18. Sum Insured Details: _____

Sr. No.	Benefit Name	Sum Insured (₹)
B1	Accidental Death	₹XXX
B2	Permanent Total Disability	₹XXX

2. Details of the Prospects:

Sr. No.	Name of the Prospect	Gender	Relationship with the Proposer*	Date of Birth	Masked Aadhar No.	Nature of Occupation	Risk Class**	Annual Income
1.		M/F/T/O		DD/MM/YYYY				
2.		M/F/T/O		DD/MM/YYYY				
3.		M/F/T/O		DD/MM/YYYY				
4.		M/F/T/O		DD/MM/YYYY				
5.		M/F/T/O		DD/MM/YYYY				

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India

24*7 Customer Support No.: 022 6489 8282/1800 267 1955 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com

IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • Accident Super Guard Plus UIN: TATPAIP26058V012526 • URN: AH/2026-27/PA-01

*Allowed Relations: Spouse, Dependent children, Employee.

**Risk Class as per occupation to be selected.

Risk Class**:

1. **Risk Class A:** Persons engaged primarily in administrative or managing functions (desk job) Few Indicative examples: Accountant, doctor, teacher, and banker, etc.
2. **Risk Class B:** Persons engaged in supervision of manual labour or regular on-road travel. Occupation with minimum exposure to hazard with superintending or work travel duties.
Few indicative Examples: Builders, Contractors, Medical Representative, Engineers engaged in superintending functions only, etc.
3. **Risk Class C:** Persons with occupational hazards such as industrial workers, skilled and semi-skilled workers.
Few indicative Examples: Garage or motor mechanic, machine operator, veterinary doctor, etc.
4. **Risk Class D:** Referral Risk
Persons with occupational hazards, such as industrial workers using heavy machinery or un-skilled laborers.
Few indicative Examples: Persons working in explosives industry, Quarry/mine workers, high tension electric supply, athletes, delivery personnel, oil rig workers, Blasting tunnelling workers, Circus/Fair, etc.
5. **Risk Class E:** Persons not engaged in any occupation for livelihood or gainful income source but have documented passive income / asset / property owners.
6. **Risk Class F:** Persons not engaged in any occupation for livelihood with zero income.

In case you require any further clarity on Risk class, please reach out to your advisor.

Note:

- 'Annual Income' and 'Risk Class' are material facts for Policy Issuance. "Material facts" for the purpose of this Policy shall mean all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Any misrepresentation or misdescription of the same or established fraud by the Policyholder may lead to termination of the Policy as per Policy terms and conditions and accordingly all premium paid thereon shall be forfeited to the Company.

3. Nominee Details:

In the event of death of the Insured Person, any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions.

Nominee/ Appointee*	Date of Birth	Relationship with Insured	Permanent Address	Present Address (If Permanent Address is different)	Email ID of Nominee	Contact of Nominee	%
	DD/MM/YYYY						

*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship with Minor	Address

Nominee Bank Details (Required for Refund/Claims):

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS).

For this purpose, please submit the following details of the Proposer's bank account.#

Name of the Account Holder	
Name of the Bank	
Branch Bank	
Account No.	
Bank IFSC Code	
Account Type	<input type="checkbox"/> Saving Bank Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____

#In case there is more than one nominee then please provide the bank details of such nominees separately in the above format with this Proposal Form.

4. Base Benefit Details:

Sr. No.	Name of the Prospect	Occupation	Accidental Death (B1)	Permanent Total Disability (B2)
			Sum Insured	Sum Insured
1.				
2.				
3.				
4.				
5.				

5. Optional Benefit Details:

You may opt for the following Optional covers on payment of additional premium.

Sr. No.	Prospect Name	Permanent Partial Disability (B3)	Temporary Total Disability - Based on Accidental Death Sum Insured (B4)	Temporary Total Disability - Based on declared weekly income (B4)
		Sum Insured	Sum Insured: Up to ₹ XX per week; Up to a max of XX weeks Deductible (if applicable)	Sum Insured: Up to ₹ XX per week; Up to a max of XX weeks Deductible (if applicable)
1.				
2.				
3.				
4.				
5.				

Only one benefit out of Temporary Total Disability – Based on Accidental Death Sum Insured or Temporary Total Disability – Based on declared income can be opted.

Sr. No.	Prospect Name	Out-Patient Medical Expenses (Road Traffic Accident) (B5)	In-Patient hospitalization expenses (Accident) (B6)	Coma Benefit (Accident) (B7)	Child Education benefit (B8)	Loan Shield (B9)	Emergency Road Ambulance (B10)	Emergency Air Ambulance (B11)
		Sum Insured	Sum Insured	Sum Insured	Sum Insured (Per Policy Year per child)	Sum Insured	Sum Insured	Sum Insured
1.								
2.								
3.								
4.								
5.								

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Sr. No.	Prospect Name	Cost of External Prosthetics (B12)	Fractures (B13)	Burns (B14)	Family Transportation Benefit (B15)	Repatriation of mortal remains (B16)	Home Alteration and Vehicle Modification (B17)	Premium Benefit (B18)	Special Child Care Benefit (B19)
		Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured per session / max no of sessions	Sum Insured	Sum Insured	Sum Insured
1.									
2.									
3.									
4.									
5.									

Sr. No.	Prospect Name	Surviving Child Benefit (B20)	Physiotherapy Benefit (B21)	Funeral Benefit (B22)	Bereavement and Trauma Counselling Benefit (B23)	Marriage Expense for Children (B24)	Public (Common Carrier Benefit) (B25)	Adventure Sports (B26)
		Sum Insured	Sum Insured	Sum Insured	Sum Insured per session/- max no of sessions	Sum Insured	Sum Insured	Sum Insured
1.								
2.								
3.								
4.								
5.								

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Sr. No.	Prospect Name	Parental Care (B27)	Pet Care (B28)	Prolonged Hospitalisation Benefit (B29)	Restore Benefit (B30)	Hospitalisation Daily Cash (Accident): (B31)	EMI Protect (Up to 3 EMI Combined) (B32)	Transportation of Imported Medicines (B33)
		Sum Insured	Sum Insured per day/up to max No. of days	Sum Insured Deductible: Minimum 7 continuous days of hospitalisation	In-Patient Accidental Hospitalisation Sum Insured	Sum Insured per day/up to max No. of days Deductible: Minimum 48 hours of hospitalisation	Sum Insured	Sum Insured
1.								
2.								
3.								
4.								
5.								

Sr. No.	Prospect Name	Accident Inconvenience Bundle (B34)	Personal Effects Benefit (B35)	Global Hospitalization (Accident) (B36)	Value Added Service (B37)
		Sum Insured Deductible:	Sum Insured Deductible:	Sum Insured	
1.					
2.					
3.					
4.					
5.					

Rider details (if any) << >>

Loan Account Details (Please fill in details in case of Loan shield cover or EMI Protect cover is opted):
EMI Protect and Loan Shield Cover only applicable for Self and Spouse.

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1.	Bank/Financial Institution Name	
2.	Branch Address	
3.	Type of Loan	
4.	Loan Account No.	
5.	Outstanding Loan Amount as on date of Proposal:	
6.	Loan Tenure (in months)	
7.	EMI (in ₹):	

Assignment of Indemnities Declaration:

- Upon any monies becoming payable under this Policy towards Loan Protect or EMI Protect benefit, the same shall be paid by the Company to the "Bank/Financial Institution" as declared by the Proposer and mentioned in Policy Schedule without any reference/notice to the Insured Person, but not exceeding the Sum Insured limit as mentioned in the Policy Schedule.

Signature of the Proposer: _____

<<Periodic Claims Payment: In case of Accidental Death (B1) or Permanent Total Disability (B2)>>

<<Claims Payout Period: _____>>

6. Any Other Policy Details:

Is the Proposer or any of the Persons Proposed already Insured or have applied for Life Insurance, Pension, Health and/or Personal Accident Plan with TATA AIG General Insurance Company Ltd. or any other Insurer.

If yes, please indicate the Policy/Application Number(s): _____

Policy No./ Application No.	Type of Insurance (Life/ Health/Unit Linked/Pension/ Personal Accident)	Name of Prospect/ Applicant	Insurer	Period of Insurance	Sum Insured & Cumulative bonus (₹)	Claims Lodged During the Preceding Years. (If Yes, Please Provide Details)
				From: DD/MM/YYYY, To: DD/MM/YYYY		
				From: DD/MM/YYYY, To: DD/MM/YYYY		

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Since when continuously Insured (Individual Personal Accident Policies only)	<<DD/MM/YYYY>>
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You need to approach us up to maximum of 45 days prior to your expiry date to avoid any break in coverage. Please submit all previous year Insurance Policy copies.

7. Medical and Disability Details (Medical History):

Please answer the below mentioned questions individually in Yes (Y) / No (N): You must answer the questions truthfully. Not doing so would lead to termination of your Policy.

Please answer each of the following questions individually for each Person proposed to be Insured.	Prospect/Person(s) to be Insured					
	1	2	3	4	5	6
History of any illness/disease/ injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please mention details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please mention details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please mention details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please mention details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please mention details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please mention details _____
Has any of the Person's proposed for Insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify the reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify the reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify the reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify the reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify the reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify the reason _____

8. Payment Details:

Name of the Premium Payer:

Relationship with the Proposer:

Premium Amount (In ₹):

Instrument Type: Cash Cheque Debit Card Credit Card Others

Sources of Funds: Salary Business Other _____

Please make a Crossed Cheque/DD/Pay Order in favour of 'TATA AIG General Insurance Company Limited' only.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

9. Bank Details*:

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS).

For this purpose, please submit the following details of the Proposer's bank account.

Name of the Account Holder	
Name of the Bank	
Branch Bank	
Account No.	
Bank IFSC Code	
Account Type	<input type="checkbox"/> Saving Bank Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____

Please fill an auto debit form for deduction of amount towards premium payment from bank account.

If the premium cheque is not paid from the above-mentioned account, then a cancelled cheque of the above-mentioned account is to be attached.

*Mandatory

10. Agent Declaration:

I _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorised 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: _____



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11. Vernacular Declaration:

Vernacular Declaration (*Certification in case the Proposer has signed in Vernacular/Thumbprint*).
The content of this form along with product benefits, terms and 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: _____

12. 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 Organisation Making the Payment (Please Tick):

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

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13. 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 respect to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- I hereby confirm that I have truthfully and completely declared in this Proposal, all the Personal Accident Policies under which myself or any other member proposed for Insurance are currently Insured with either TATA AIG General Insurance co. Ltd. or any other Insurance Company. I also hereby confirm that irrespective of the number of Policies an Insured member is covered under, the maximum liability of TATA AIG General Insurance co. Ltd. in aggregate per member shall be restricted to either of the actual annual income of the Insured Person as declared for the year of the accidental loss; or admissible claim amount as per the applicable Sum Insured plus any accrued cumulative bonus as per the terms of the relevant Policy; or the maximum Sum Insured offered by the Product, whichever is lower.
- 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 Insurer and that the Policy will come into force only after full payment 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 persons proposed to be Insured/Proposer or from any past or present employer concerning anything which affects the physical or mental health of the persons proposed to the Insured/Proposer and seeking information from any Insurer to whom an application for Insurance on the persons proposed to be Insured/Proposer has been made for the purpose of underwriting the Proposal and/or claim settlement.
- I authorise the Company to share information pertaining to my Proposal including the medical records of the persons proposed to be Insured/Proposer for the sole purpose of underwriting the Proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I have understood the purpose of Aadhar authentication and hereby state that I have no objection in providing my Aadhar details.
- I hereby confirm that I have truthfully and completely declared in this Proposal, all other Insurance Policies under which myself or any other member have proposed for Insurance or are currently Insured with either TATA AIG General Insurance co Ltd or any other Insurance Company.
- I hereby declare that I have correctly mentioned my occupation and the income declared is as appearing in form 16 / Salary Slip / ITR acknowledgement.
- I also hereby confirm that irrespective of the number of Policies an Insured Member is covered under, the maximum liability of TATA AIG General Insurance Co. Ltd. in aggregate per member shall be restricted to the minimum of:
 - o XX times the annual income of the Insured person for the year of the accidental loss; or
 - o Admissible claim amount as per the applicable Sum Insured plus any accrued Cumulative Bonus as per the terms of the Relevant Policy; or
 - o ₹XX Crores.

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In case of Temporary Total Disability, the maximum liability of TATA AIG General Insurance co. Ltd. in aggregate per Insured Person shall be restricted to highest weekly benefit amount under any one Policy based on Insured Person's income eligibility.

I understand that I will receive digital copy of my Policy and service-related communication. However, I would prefer to also receive the physical copy of my Policy and service-related communication and I want these documents to be shared via postal mail to the address as mentioned in this Proposal Form.

I hereby provide my consent for deducting the premium amount from my bank account / Credit Card / any other mode as recognised by the Reserve Bank of India once the Proposal is accepted by TATA AIG General Insurance Company Limited.

Signature of Proposer: _____

Disability Declaration:

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the replies in the Proposal Form have been recorded as per the information provided by Me/Us. I, (Full name of the representative) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from TATA AIG General Insurance Company Limited., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Date: DD/MM/YYYY Place: _____

Signature of the Representative: _____

Signature/Thumb Impression of the Proposer/Primary Insured: _____

Signature/Thumb Impression of the Witness (other than the Advisor/Employee of the Company): _____

14. For Office Use Only:

Intermediary Code and Name			
TATA AIG Branch Code		Channel Type	
Branch Receipt Date		Customer ID	
Business Type	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, available on our website www.tataaig.com before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

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