

(Please write in BLOCK letters and use black ink. To help us serve you better, kindly ensure that the form is completely filled.)

POS PAN no.\* \_\_\_\_\_  
**(Mandatory for POS Agents, wherever applicable)**

Proposal form No.

Branch/ Office Code. \_\_\_\_\_

Policy Issuing office: \_\_\_\_\_

Policy Servicing office: \_\_\_\_\_

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

Agent/Intermediary Code \_\_\_\_\_

Agent/Intermediary Contact No.: \_\_\_\_\_

**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 risk 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, incorrect or partially correct answers may lead to rejection of the proposal form and also might lead to cancellation of the Policy.

**Proposer Details:**

Name of the Proposer:

Date of Birth:         Gender:  Male  Female  Others

PAN Card No:

Residential Address:

Pin Code:

Tel. With area code in India:

While Overseas:

Email:

Employee details / number: \_\_\_\_\_ Employee e-mail id: \_\_\_\_\_

Do / Did you have any Retail International Travel or Health or Motor Policy with us in the immediately preceding one year\*.

If so, please provide policy number and policy period for Loyalty Discount \_\_\_\_\_

Sources of funds:  Salaried  Business  If others, please specify details \_\_\_\_\_

**Travel Details**

Purpose of visit:  Personal  Business

Trip is:  Worldwide  Worldwide Excluding USA and Canada  Schengen countries

Country(ies) of Visit : \_\_\_\_\_

Departure from India:         Return to India:

Flight Details: \_\_\_\_\_

**Details of Persons proposed for Insurance:**

|    | Name | Sex                       | DOB        | Passport No. | Aadhar Card/<br>PAN Card<br>Details | Relation<br>with<br>Proposer | Pre-Existing<br>Condition<br>(YES/NO) | Pre-existing<br>Conditions<br>(If Yes) | Suffering<br>since (If yes<br>to Pre-existing<br>Condition) | Residential<br>Address<br>(If not same<br>as Proposer) | Plan |
|----|------|---------------------------|------------|--------------|-------------------------------------|------------------------------|---------------------------------------|--|---|--|------|
| 1. |      | Male/<br>Female/<br>Other | dd/mm/yyyy |              |                                     |                              | Yes / No                              |  | dd/mm/yyyy  |  |      |
| 2. |      | Male/<br>Female/<br>Other | dd/mm/yyyy |              |                                     |                              | Yes / No                              |  | dd/mm/yyyy  |  |      |

|    | Name | Sex                       | DOB        | Passport No. | Aadhar Card/<br>PAN Card<br>Details | Relation<br>with<br>Proposer | Pre-Existing<br>Condition<br>(YES/NO) | Pre-existing<br>Conditions<br>(If Yes) | Suffering<br>since (If yes<br>to Pre-existing<br>Condition) | Residential<br>Address<br>(If not same<br>as Proposer) | Plan |
|----|------|---------------------------|------------|--------------|-------------------------------------|------------------------------|---------------------------------------|--|---|--|------|
| 3. |      | Male/<br>Female/<br>Other | dd/mm/yyyy |              |                                     |                              | Yes / No                              |  | dd/mm/yyyy  |  |      |
| 4. |      | Male/<br>Female/<br>Other | dd/mm/yyyy |              |                                     |                              | Yes / No                              |  | dd/mm/yyyy  |  |      |
| 5. |      | Male/<br>Female/<br>Other | dd/mm/yyyy |              |                                     |                              | Yes / No                              |  | dd/mm/yyyy  |  |      |
| 6. |      | Male/<br>Female/<br>Other | dd/mm/yyyy |              |                                     |                              | Yes / No                              |  | dd/mm/yyyy  |  |      |

#### Nominee Details:

In the event of the Death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee preferably should be an immediate relative of the Insured Person. The nominee for all other Insured Persons proposed to be Insured shall be the Applicant himself/herself unless declared otherwise.

| Nominee Name | DOB*       | Relationship with Proposer | Address of the Nominee |
|--------------|------------|----------------------------|------------------------|
|              | dd/mm/yyyy |                            |                        |

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

| Appointee Name | Relationship with Nominee | Address |
|----------------|---------------------------|---------|
|                |                           |         |

#### Note:

Please note the following.

- The Sublimits are applicable for the Age of 56 years onwards as per table below. You can opt for plans with no Sublimits (Except Titanium and Titanium Plus) by paying additional premium.
- The Sublimits are applicable for same illness/injury in case of Hospitalisation, Day Care Treatment and OPD treatment
- The Sublimits under this benefit are not applicable for plans of Schengen Countries (plans where Schengen Countries are mentioned in Geographical Scope)
- Plan :
  - a. Individual / Family
    1. The maximum persons that may be covered under a Policy shall be 6.
    2. Family means the Insured Person and/or the Insured Person's Spouse and/or, the Insured Person's Eligible Children and/or, Insured Person's parents and parents-in-law.
    3. Eligible Children refer to named dependent children including adopted and step children of the Insured Person between Ages three (3) months and twenty five (25) years who are unmarried, who permanently reside with the Insured Person, and receive the majority of maintenance and support from the Insured Person
  - b. Single Trip / Annual Multi Trip:  
If Multi-Trip, please provide No of days required (30/45/60/90/120/150/180 days) \_\_\_\_\_ Days
  - c. With sub-limits / Without sub-limits: \_\_\_\_\_
  - d. Plan required: \_\_\_\_\_ Silver/ Silver Plus/ Silver Plus – Plan A / Silver Plus – Plan B/Gold/ Gold – Plan A / Gold – Plan B/ Platinum/ Platinum – Plan A / Platinum – Plan B/ Titanium / Titanium Plus / Instant Gratification / Copper / Senior/ Senior Plus/ Super Senior\*
  - e. Add-on Bundle: Cruise Bundle/Travel Plus Bundle/Accident Bundle (You can opt one or more as per requirement)\*
  - f. Optional Assistance Services:  Yes  No

\*For more details on the Plans please refer Annexure 1 below.

#### Proposer's Bank Details:

Name of the Bank Account Holder:

Bank Account No.:  Account Type: Savings / 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.)

**Premium Payment Details:**

Payment by:  Cheque  DD  Credit Card  Debit Card  UPI  Wallet  NEFT  IMPS

Amount:

(Amount in words: \_\_\_\_\_)

Bank Name:

Cheque No./DD No.:

Name of the Cardholder:

Cheque/DD date:

Name of the Premium Payer:

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"

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

**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:**

- 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 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.)

Signature of the Proposer: \_\_\_\_\_

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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**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: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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. Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.

**ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)**

Application Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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

We acknowledge with thanks the receipt of your application for TRAVEL GUARD PLUS and amount by cash / cheque / Demand Draft / others \_\_\_\_\_ of amount of Rs. \_\_\_\_\_. 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.

**Annexure 1**

**Schedule of Benefits**

**TATA AIG GENERAL INSURANCE COMPANY LIMITED**