

## Proposal Form

Proposal Form No.

### Please note:

1. This form is to be filled and signed by Proposer (i.e. the Policyholder).
2. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable
3. This Proposal shall be the basis of contract for Policy Issuance.

Intermediary/ Agent Name	Agent Code/ Intermediary License No.	Intermediary/ Agent Contact Details
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Proposer's Details:

Name of the Client		<input type="text"/>	
Current Address		<input type="text"/>	
Is Your Current Address the Same As Your Permanent Address? (If No, Please Fill the Details Below)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Address		<input type="text"/>	
State	<input type="text"/>	District	<input type="text"/>
PIN Code		<input type="text"/>	
GSTIN		<input type="text"/>	
Name of MD/CEO		<input type="text"/>	
Description of Business		<input type="text"/>	
Year Company was founded	<input type="text"/>	No. of Retail Outlets	<input type="text"/>
Location of Outlets		<input type="text"/>	
Annual Turnover	<input type="text"/>	Employee Strength	<input type="text"/>
Vintage of Operations		<input type="text"/>	
CIN No.		<input type="text"/>	
Contact Person's Name	<input type="text"/>	Email ID	<input type="text"/>
Landline No.	<input type="text"/>	Mobile No.	<input type="text"/>
*PAN No.		<input type="text"/>	

### 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 Toll free No.: 1800 266 7780 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108  
 CIN: U85110MH2000PLC128425 • Service Contract Liability Insurance Policy - Commercial UIN: IRDAN108CP0065V02201819

## 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.

Nominee Name	Date Of Birth	Relationship with Proposer	% of Claim Payable	Mobile No. / E-mail ID	Present Address of the Nominee	Permanent Address of the Nominee
	DD/MM/YYYY			<<*****9810/abc@gmail.com>>		
	DD/MM/YYYY			<<*****9810/abc@gmail.com>>		
	DD/MM/YYYY			<<*****9810/abc@gmail.com>>		

If the Nominee is minor, Name and Address of Appointee and relationship with Minor

Appointee Name	Relationship with Nominee	Address

Do you want a physical copy of this Policy Document?  Yes  No

## Product Details:

Covers Opted	
Extended Warranty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglary and Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accidental Damage and Liquid Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire and Act of God Perils	<input type="checkbox"/> Yes <input type="checkbox"/> No

## For Extended Warranty - New Product Information (Proposed to be Covered):

Product Category	
New Electrical/Electronic Product Details	
Usage	
Product Price Range	
Manufacturer Warranty/Guarantee	
Extended Warranty Period	

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Sum Insured	
Per Repair Limit	
Aggregate Limit	
Deductible	
Depreciation	
Basis of Claim Payment:	
<input type="checkbox"/> Purchase Price <input type="checkbox"/> Current Retail Value <input type="checkbox"/> Replacement Value <input type="checkbox"/> Sum Insured	

**For Burglary and Theft:**

Product Category	Cover Period	Sum Insured	Deductible	Depreciation
Basis of Claim Payment:				
<input type="checkbox"/> Purchase Price <input type="checkbox"/> Current Retail Value <input type="checkbox"/> Replacement Value <input type="checkbox"/> Sum Insured				

**For:**

**a. Accidental Damage and Liquid Damage**

**b. Fire and Act of God Perils**

Product Category	Cover Period	Sum Insured	Per Repair Limit	Aggregate Limit	Deductible	Depreciation
Basis of Claim Payment for Accidental Damage and Liquid Damage:						
<input type="checkbox"/> Purchase Price <input type="checkbox"/> Current Retail Value <input type="checkbox"/> Replacement Value <input type="checkbox"/> Sum Insured						
Basis of Claim Payment for Fire and Act of God Perils:						
<input type="checkbox"/> Purchase Price <input type="checkbox"/> Current Retail Value <input type="checkbox"/> Replacement Value <input type="checkbox"/> Sum Insured						

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## Value Added Service: (Not Applicable for Burglary and Theft)

Value Added Service	Tick
Pick-up and Drop Service for Products	
Preventive Maintenance Service	

## Do you want Cover for:

Food Spoilage (Food spoilage loss that results from a covered breakdown of a refrigerator, freezer, or equipments of similar nature.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount _____
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Damage/failure caused before or during Insured Product delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------	----------------------------------------------------------

### Extended Warranty (If Opted)

Accessories used in or with the Product	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------	----------------------------------------------------------

Routine maintenance, cleaning, lubrication, adjustments or alignments, overhaul, modification and de-scaling	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Damage resulting from power outage, power surges or dips, fluctuating voltage, inadequate or improper voltage or current.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Cost of removal or re-installation of the Product	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------	----------------------------------------------------------

Batteries, internal or external to the Product	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------	----------------------------------------------------------

Commercial usage	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Failure due to damage from external causes including third party actions, fire, theft, insects, animals, exposure to weather conditions, extreme temperature, windstorm, sand, dirt, hail, earthquake, flood, water, acts of god or consequential loss of any nature	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Accidental Damage and Liquid Damage (If Opted)

Any loss to Ancillary products	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Past Claim Experience (If any):**

Name of Insurance Company	Policy No.	Policy Period	No. of Claims	Amt. of Claims

**Coverage Details:**

1. Opting Cover: New Equipment / New equipment within \_\_\_\_\_ months.
2. Cover Period Required: \_\_\_\_\_
3. How will the Warranty be offered:  Mandatory  Optional
4. Cancellation Notice Period: \_\_\_\_\_

**Point of Sale:**

1. Estimated units: \_\_\_\_\_
2. No. of Warranties expected to be Insured, if programme is not mandatory: \_\_\_\_\_
3. Will the Client require new for old, if appliance is not repairable: \_\_\_\_\_

**Repair Location and Related Details:**

1. Who will carry out the repairs: \_\_\_\_\_
2. Who will manage the repair network: \_\_\_\_\_
3. Is the repairer network fully resourced to work within the territorial limit of the Insurance offered: \_\_\_\_\_
4. What are the minimum, maximum and average labour rates for various appliances: \_\_\_\_\_
5. What is the minimum, maximum and average cost of parts for various appliances: \_\_\_\_\_
6. Is call out and/or transportation to be included? If yes, at what cost: \_\_\_\_\_
7. Cost of freight: \_\_\_\_\_
8. What has been the rate of inflation over the last 3 years: \_\_\_\_\_
9. Will the repairer offer us preferential rates: \_\_\_\_\_
10. Any discount on replacement of appliances: \_\_\_\_\_

## Other Informations:

1. Will there be any marketing campaign: \_\_\_\_\_
2. Is there a direct mail or telesales element: \_\_\_\_\_
3. Any training requirement: \_\_\_\_\_
4. Who will administer the programme: \_\_\_\_\_
5. How much will it cost per Policy: \_\_\_\_\_
6. How are the Policies/Contracts to be registered: \_\_\_\_\_
7. What is the fulfilment process: \_\_\_\_\_
8. Who will collect the Premium: \_\_\_\_\_
9. Who will audit repair network: \_\_\_\_\_

## Premium Payment Details:

### Payment by: (Tick whichever is applicable)

- Credit Card   
  Debit Card   
  Cheque   
  Cash   
  Account Transfer   
  Others  
 Online Payment

Bank Name	Instrument Date	Amount (₹)

## Bank Details (Required for refund/claims):

As per the Regulatory requirements, we can 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 Proposer's bank account:

<b>Customer's Bank Account</b>			
<b>Name of the Account Holder</b>			
<b>Name of the Bank</b>		<b>Branch</b>	
<b>Account Type</b>	<input type="checkbox"/> Savings Bank Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify): _____		
<b>Account No.</b>		<b>Bank IFSC Code</b>	

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.

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**Nominee/Guardian (In Case of Nominee Being Minor) Bank Account:**

<b>Name of the Account Holder</b>	
<b>Name of the Bank</b>	
<b>Branch Name</b>	
<b>Account No.</b>	
<b>Bank IFSC Code</b>	
<b>Account Type:</b>	<input type="checkbox"/> Savings 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.

**Declaration and Warranties:**

- I. We (the Company) agree that this application and declaration shall be promissory and shall be the basis of the contract between us (the Company) and TATA AIG.
- II. We agree that the insurance would be effective only on acceptance of this application by TATA AIG and the payment of requisite Premium by us in advance. In the event of non-realization of the cheque or non-receipt of the amount of Premium by TATA AIG the policy shall be deemed cancelled "ab-initio" and TATA AIG shall not be responsible for any liabilities of whatsoever nature under this Policy.
- III. We agree and undertake to convey to TATA AIG any change/alterations carried out in the risk Proposed for Insurance after submission of this Proposal Form.
- IV. We consent to receive information from TATA AIG through physical, electronic or telecommunication mean from time to time
- V. I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the Proposal for the sole purpose of underwriting, Policy servicing & settlement.

**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 he 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:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Signature of the Representative:** \_\_\_\_\_

**Signature/Thumb impression of the Proposer/Primary Insured:** \_\_\_\_\_

**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:**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/We have understood these and confirm to abide by the Policy terms and conditions.

**Name & Signature of Intermediary:** \_\_\_\_\_

**Signature of the Proposer:** \_\_\_\_\_ **Code:** \_\_\_\_\_

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### Vernacular Declaration (Certification in case the Proposer has signed in Vernacular/Thumbprint):

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 TATA AIG and the Proposer, if this Proposal is accepted by TATA AIG 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, TATA AIG 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 TATA AIG as null and void and all premiums paid under the Policy may be forfeited to TATA AIG.

License No. (Intermediary/Corporate Agent/Broker/Relationship Officer): \_\_\_\_\_

Name of the Specified Person and Code: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

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### Prohibition of Rebates – Section 41 of 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 the 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 prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a 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.

Signature of Proposer with Official Seal: \_\_\_\_\_

### Acknowledgement for Proposal:

Please retain this counterfoil for your records (On behalf of TATA AIG General Insurance Company Limited)

Proposal Form No.: \_\_\_\_\_

We acknowledge the receipt of payment of ₹\_\_\_\_\_vide\_\_\_\_\_from \_\_\_\_\_  
Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk and commencement of Policy. TATA AIG General Insurance Company Limited is not liable for any claim between the time that the proposal amount is received and Policy start date. The validity of receipt is subject to realization of proposal amount. Acceptance of Proposal and Issuance of Policy shall be subject to receipt of completed Proposal Form. Premium payment and underwriting decision of the Company.

Signature of the Representative: \_\_\_\_\_

Name of the Representative: \_\_\_\_\_

You are requested to visit the Company's website [www.tataaig.com](http://www.tataaig.com) for Policy Wordings.

**Disclaimer:** Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, 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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