

Proposal Form

Application No.

Please note:

1. Please tick the boxes wherever applicable.
2. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
3. All the items must be free of any defects and must be in perfect condition at the time of inception of the Insurance Cover.
4. Policy Wordings are available in request.
5. Read the Prospectus/Key Features Document/Policy Wordings before filling up this Proposal Form to understand the meaning of the terms used herein better.
6. The Property Proposed for Insurance is not covered until the Proposal is accepted and Premium paid.

Policy Issuing Office Address & Code	<input type="text"/>
Intermediary/Agent Name & Code (If Any)	<input type="text"/>

Inured Details:

1. Name of the Proposer	<input type="text"/>		
2. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
3. Date of Birth	<input type="text"/>	*PAN No.	<input type="text"/>
4. Occupation	<input type="text"/>	Employer (If any)	<input type="text"/>
5. Current Address	<input type="text"/>		
City	<input type="text"/>	District	<input type="text"/>
State	<input type="text"/>	PIN Code	<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"/>		
City	<input type="text"/>	District	<input type="text"/>
State	<input type="text"/>	PIN Code	<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 • Private Client Group Home Secure Policy UIN: IRDAN108RP0009V03201213

Telephone No. (O)		(R)	
Mobile No.		Email ID	
Nationality		No. of Children	
GSTIN/UIN			

6. 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

7.	Period of Insurance	From:	To:
8.	Policy to be Issued in favour of (list out all the parties who have Insurable interest) including the Financial Institutions	Insured 1: Insured 2: Insured 3: Insured 4: Financier Name (If applicable):	
9.	Do you want a physical copy of this Policy Document?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Details of Property to be Insured:

A. Covers Opted:

1.	Is there any Policy in place for the same Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	If yes, please provide the details:									
2.	Cover(s) required: (When Home Building and Home Contents are opted for, cover for General Contents of home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="1"> <thead> <tr> <th>Cover</th> <th>Please Tick</th> </tr> </thead> <tbody> <tr> <td>Home Building & Home Contents</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Home Building Only</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Home Contents Only</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Cover	Please Tick	Home Building & Home Contents	<input type="checkbox"/>	Home Building Only	<input type="checkbox"/>	Home Contents Only	<input type="checkbox"/>
Cover	Please Tick									
Home Building & Home Contents	<input type="checkbox"/>									
Home Building Only	<input type="checkbox"/>									
Home Contents Only	<input type="checkbox"/>									

B. Location of Home Building:

1.	Location of Home Building - Full Postal Address with Pin Code.	Pin Code:
2.	Is it in a multi-storey building or is it a standalone house?	<input type="checkbox"/> Multi-Storey Building <input type="checkbox"/> Standalone House
3.	In case of multi-storey building, please provide the floor number of your house.	
4.	Is there a basement to your house?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Details of Home Building:

Please Note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'Additional Structures' if they are on the same site, are used as part of your Home Building:

- Garage, domestic out-houses used for residence, parking spaces or areas, if any;
- Compound walls, fences, gates, retaining walls, internal roads;
- Verandah or porch and the like;
- Septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

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1. Sum Insured for Home Building:
Please note the following:
 (The amount required to construct your Home Building at the Policy Commencement Date. This amount is calculated as follows:

a. For Residential Structure of your Home including fittings and fixtures:
 Carpet area of the structure in square meters X Rate of Cost of Construction at the Policy Commencement Date.
 The Rate of Cost of Construction is the prevailing Rate of Cost of Construction of your Home Building at the Policy Commencement Date.

b. For Additional Structures: The amount that is based on the prevailing Rate of Cost of Construction at the Policy Commencement Date.)

a. Sum Insured for Residential Structure your home including fittings and fixtures (In ₹):
 Sum Insured (In ₹): _____

b. Sum Insured for Additional Structures (In ₹): _____

Additional Structure	Sum Insured (In ₹)

2. Carpet area of structure of Home in square meters

_____square meters

3. Rate of Cost of Construction per square meters at the Policy Commencement Date

_____ (In ₹)

Other Details:

1. Age of Home Building:

Less than 5 Years	<input type="checkbox"/>
5-10 Years	<input type="checkbox"/>
10-20 Years	<input type="checkbox"/>
Above 20 Years	<input type="checkbox"/>

2. **Construction Details:**
Please note the following:
(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction.

Construction other than Kutcha Construction is a 'Pucca Construction'.)

Construction Type	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
If Kutcha, please provide the following details:	
Walls	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
Floors	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
Roof	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca

D. Details of Home Contents:

Please note the following:

- Home Contents refer to articles or things in your home that are not permanently attached or fixed to the structure of your home. Home Contents may consist of General Contents and/or Valuable Contents.
- General Contents** are all the contents of household use in your home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- Valuable Contents** of your home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- If you have opted for Home Building and Home Contents Cover, the General Contents of your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹10 Lakhs (Rupees Ten Lakh) are automatically covered.

1. **If you want to opt out of In-Built Cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured**
Or
If you have opted for Home Contents only cover, please provide item wise Sum Insured for General Contents.
(Sum Insured represents Cost of Replacement)

Item wise Sum Insured for General Contents (In ₹):

Items	Sum Insured
Furniture, Fixtures and Fittings (Home Furnishings)	
Electrical/Electronic	
Others	

2. **In case of Basement, if there are contents in it, please provide the Sum Insured**

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E. In-Built Covers (Loss of Rent and Rent for Alternative Accommodation):

1. Cover for (Please Tick):	Loss of Rent	<input type="checkbox"/>	Loss of Rent: i. Sum Insured (In ₹): ii. Number of Months: Rent for Alternative Accommodation: i. Sum Insured (In ₹): ii. Number of Months:
	Rent for Alternative Accommodation	<input type="checkbox"/>	

F. Optional Covers (Available on Payment of Additional Premium):

1. Do you require 'Personal Accident Cover' for yourself and your spouse?	<input type="checkbox"/> Self <input type="checkbox"/> Self and Spouse Age (Self) <input type="text"/>											
	For Self and Spouse: Name of Your Spouse <input type="text"/> Age of Spouse <input type="text"/>											
2. Do you require 'Cover for Valuable Contents on Agreed Value Basis (Under Home Contents Cover)? (Valuable Contents of your home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) (You have to submit a Valuation Certificate. However, the requirement of Valuation Certificate is waived if the Sum Insured opted for is up to ₹5 lakh and individual item value does not exceed ₹1 Lakh).	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach list of items and Sum Insured:											
	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Description</th> <th>Value (In ₹)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Valuation Certificate attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sr. No.	Description	Value (In ₹)								
Sr. No.	Description	Value (In ₹)										

II - Burglary and Theft	
Burglary and Theft	Sum Insured (₹)

III - Baggage	
Baggage	(₹)

IV - Section 1 - Domestic Electronics & Electronic Appliances				
Sr. No.	Description/Make/Model	Year of Make	Serial No.	Sum Insured (₹)
1.				
2.				
3.				
4.				

IV - Section 2 - Complex Tools				
Sr. No.	Description/Make/Model	Year of Make	Serial No.	Sum Insured (₹)
1.				
2.				
3.				
4.				

V - Fine Art and Valuables				
(All newly acquired items are covered as mentioned in your Schedule)				
A. Jewellery:				
Sr. No.	Description	Number	Weight	Sum Insured (₹)
1.	Jewellery Worldwide			
2.	Jewellery in Bank			
3.	Jewellery in Home Safe			
4.	Unspecified Jewellery			
5.	Watches Worldwide			
6.	Watches in Bank			
7.	Watches in Home Safe			

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B. Fine Art / Valuables:

Sr. No.	Description	Number	Sum Insured (₹)
1.	Paintings		
2.	Sculptures (Non-fragile and non-outdoor)		
3.	Newly Acquired Fine Art & Valuables		
4.	Outdoor Items		
5.	Antique Furniture		
6.	Items of Brittle and Fragile Nature		
7.	Items of Gold, Silver and other Precious Metals		
8.	Collector Guns		
9.	Wine Collections		
10.	Books		
11.	Clocks, Barometers and Mechanical Art		
12.	Others - Portable Electronics		
13.	Others - Plate Glass		
14.	Others 1		
15.	Others 2		
16.	Unspecified Items		

C. Coverage for Exhibition, Display and Promotion Required: Yes No

Please specify the coverage amount:

VI - Liability

No. of Domestic employees at the Insured Location(s) _____ (₹)

Name of Assignee/Nominee:

VII - Marine Transit

Benefit - Marine Transit (₹)

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VIII - Cash in Safe

Benefit - Cash in Safe

(₹)

Other Information:

1.	Is property likely to be refurbished within next 12 months using external contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Had Insurance been declined, refused, cancelled, or any special terms imposed by previous Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Been convicted or charged with any offence (other than driving offences) or entered into arrangements with creditors or bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you taken any other Insurance Policy from us or buying along with this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Name and address of bank/safe deposit: _____ _____	

Please provide details where the answer is 'Yes': _____

Previous Insurance Particulars:

1.	Previous Insurer		
2.	Policy No.		
3.	Policy Period	From:	To:
4.	Claim During Preceding Three Years: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please provide details if the answer is 'Yes': _____

Additional Information:

Please provide us with any additional information that may help us in underwriting the risk, including details relating to the lifestyle and risk management of the assets.

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For Producer Use Only:

Premium paid by Cash/Cheque No.:			
Date	DD/MM/YYYY	Amount (₹)	
Bank		Branch	
*PAN Card No.			

Sources of Funds (Please tick wherever applicable): Salary Business

Others (Please Specify): _____

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.

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 Insured Person/Proposer: _____ Date: _____



WITH YOU ALWAYS

Private Client Group Home Secure Policy



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: _____ DD/MM/YYYY Place: _____

Signature of the Representative: _____

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

Declaration:

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

Signature of the Proposer: _____

Signature of the Insured Person/Proposer: _____ Code: _____

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: _____

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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

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

Name of the Specified Person and Code: _____

Place: _____

Date: _____

Signature of Agent: _____

Declaration and Warranty:

1. I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and TATA AIG General Insurance Company Limited.
2. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the Company's Policy of Insurance along with the said conditions prescribed by the Company.
3. If any additions or alterations are carried out in the Risk Proposed after the submission of this Proposal Form, then the same should be conveyed to the Insurers immediately.
4. I/We agree that the Insurance would be effective only on acceptance of this application by the Company and the payment of the requisite Premium by me/us in advance. In the event of non-realisation of the cheque or non-receipt of Amount of Premium by the Company the Policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities whatsoever nature under this Policy.
5. I/We authorise 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 the underwriting. Policy servicing and/or claims servicing & settlement.

Place: _____

Date: _____

Signature of the Insured Person/Proposer: _____

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Bank Details:

As per the Regulatory requirements, 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 Insured's bank account#:

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

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

Name of the Account Holder	
Name of the Bank	
Branch Name	
Account No.	
Bank IFSC Code	
Account Type	<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.

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 Insurance Act:

Commencement of the risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

Acknowledgement for Proposal:

Proposal Form No.	
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Please retain this counterfoil for your records (On behalf of TATA AIG General Insurance Company Limited)

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 realisation 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 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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