

## 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. Applicable only for residential buildings with RCC/RBC/Tiles/ACC roof and external walls of Burnt Bricks/Stone/Concrete Blocks.
4. All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance Cover.
5. Policy wordings are available on request.
6. Items marked with \* are mandatory.
7. Read the Prospectus/Key Features Document/Policy Wordings before filling up this Proposal Form to understand the meaning of the terms used herein better.
8. The property Proposed for Insurance is not covered until the Proposal is accepted and Premium paid.

### Proposer's Details:

1.	Name of the Proposer*			
2.	Date of Birth*			
3.	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
4.	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
5.	Occupation			
6.	Current Address*			
	City		District	
	State		PIN Code	
	Telephone No.: (O)		(R)	
	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			
Mobile No.			Email ID	
GSTIN/UIN				

### 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 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108  
 CIN: U85110MH2000PLC128425 • Home Secure (Householders) Policy UIN: IRDAN108RP0002V05100001

## 7. 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

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

## 1. Benefit Fire and Allied Section:

### 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 &amp; 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"/>									

### TATA AIG GENERAL INSURANCE COMPANY LIMITED

3. Please provide which Perils not required to be covered.  
(‘Fire’ peril is mandatory and cannot be opted out).

Perils	Please ‘x’ (Cross) Which is Not Required
Explosion of domestic pressure vessels or implosion	
Lightening	
Earthquake, Volcanic Eruption or other convulsions of nature	
Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami	
Flood and Inundation	
Acts of Terrorism (Coverage as per Terrorism Clause attached)	
Subsidence of the land on which Your Home Building stands Landslide, Rockslide, Avalanche	
Loss of Rent and Rent for Alternative Accommodation	
Additional Covers	
a. Bush Fire, Forest Fire, Jungle Fire.	
b. Impact Damage of any kind, i.e, damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	
c. Missile Testing Operations.	
d. Riot, Strikes, Malicious Damages.	
e. Bursting or overflowing of water tanks, apparatus and pipes.	
f. Leakage from automatic sprinkler installations.	
g. Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	

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## 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:

<p><b>Please Note:</b></p> <p><b>Your Home Building</b> 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.</p> <p><b>It also includes</b> 'Additional Structures' if they are on the same site, are used as part of your Home Building:</p> <ol style="list-style-type: none"> <li>Garage, domestic out-houses used for residence, parking spaces or areas, if any;</li> <li>Compound walls, fences, gates, retaining walls, internal roads;</li> <li>Verandah or porch and the like;</li> <li>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.</li> </ol>	
1.	<p><b>Sum Insured for Home Building:</b>  <b>Please note the following:</b>          (The amount required to construct your Home Building at the Policy Commencement Date. This amount is calculated as follows:</p> <ol style="list-style-type: none"> <li><b>For Residential Structure of your Home including fittings and fixtures:</b>            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.</li> </ol>
	<ol style="list-style-type: none"> <li><b>Sum Insured for Residential Structure your home including fittings and fixtures (In ₹):</b>   <b>Sum Insured (In ₹):</b> _____</li> </ol>

	<p><b>b. For Additional Structures:</b> The amount that is based on the prevailing Rate of Cost of Construction at the Policy Commencement Date.)</p>	<p><b>b. Sum Insured for Additional Structures (In ₹):</b> _____</p> <table border="1" data-bbox="823 383 1485 645"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (In ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Additional Structure	Sum Insured (In ₹)								
Additional Structure	Sum Insured (In ₹)											
<p>2.</p>	<p><b>Carpet area of structure of Home in square meters</b></p>	<p>_____square meters</p>										
<p>3.</p>	<p><b>Rate of Cost of Construction per square meters at the Policy Commencement Date</b></p>	<p>_____ (In ₹)</p>										
<p><b>Other Details</b></p>												
<p>4.</p>	<p><b>Age of Home Building:</b></p>	<table border="1" data-bbox="823 987 1485 1234"> <tr> <td>Less than 5 Years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5-10 Years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>10-20 Years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Above 20 Years</td> <td><input type="checkbox"/></td> </tr> </table>	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"/>		
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"/>											
<p>5.</p>	<p><b>Construction Details:</b> <b>Please note the following:</b> (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'.')</p>	<table border="1" data-bbox="823 1274 1485 1615"> <tr> <td>Construction Type</td> <td><input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca</td> </tr> <tr> <td colspan="2">If Kutcha, please provide the following details:</td> </tr> <tr> <td>Walls</td> <td><input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca</td> </tr> <tr> <td>Floors</td> <td><input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca</td> </tr> <tr> <td>Roof</td> <td><input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca</td> </tr> </table>	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
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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:**

- i) 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.

- ii) **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.
- iii) **Valuable Contents** of your home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- iv) 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.

## E. Details for Home Contents:

<p>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)</p>	<p>Item wise Sum Insured for General Contents (In ₹):</p> <table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Furniture, Fixtures and Fittings (Home Furnishings)</td> <td></td> </tr> <tr> <td>Electrical/Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </tbody> </table>	Items	Sum Insured	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
Items	Sum Insured								
Furniture, Fixtures and Fittings (Home Furnishings)									
Electrical/Electronic									
Others									
<p>2. In case of Basement, if there are contents in it, please provide the Sum Insured</p>									

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

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

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

<p>1. Do you require 'Personal Accident Cover' for yourself and your spouse?</p>	<p><input type="checkbox"/> Self    <input type="checkbox"/> Self and Spouse</p> <table border="1"> <tr> <td>Age (Self)</td> <td></td> </tr> </table> <p><b>For Self and Spouse:</b></p> <table border="1"> <tr> <td>Name of your Spouse</td> <td></td> </tr> <tr> <td>Age of Spouse</td> <td></td> </tr> </table>	Age (Self)		Name of your Spouse		Age of Spouse	
Age (Self)							
Name of your Spouse							
Age of Spouse							

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<p><b>2. Do you require 'Cover for Valuable Contents on Agreed Value Basis (Under Home Contents Cover)?</b> (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 upto ₹5 Lakh and individual item value does not exceed ₹1 Lakh).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach list of items and Sum Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">Sr. No.</th> <th style="width: 60%;">Description</th> <th style="width: 30%;">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> <p>Valuation Certificate attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Sr. No.	Description	Value (In ₹)									
Sr. No.	Description	Value (In ₹)											

2. Benefit: Personal Liability	Sum Insured (₹)	Premium (₹)

3. Benefit: Burglary and Theft	Sum Insured (₹)	Premium (₹)
<p><b>Contents - All contents in this premises stated at the above address</b> Note: Insurance on Contents should be for value equivalent to the value mentioned under 'Contents' under Benefit- Fire &amp; Allied Perils B) above.</p>		
<p><b>Cover desired on First Loss Basis - Yes/No/Waiver of condition of average indicate First Loss percentage amount: 25/50/65/75/ &gt;75</b></p>		

4. Benefit: Pedal Cycle					Sum Insured (₹)	Premium (₹)
Sr. No.	Make & Name of Manufacturer*	Year of Make*	Frame No.*	Value including Accessories*		
1.						
2.						
3.						
<b>Total</b>						

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5. Benefit: Plate Glass - Please give description, size and location of glass					Sum Insured (₹)	Premium (₹)
Sr. No.	Description*	Size*	Frame No.*	Location*		
1.						
2.						
3.						
<b>Total</b>						

6. Benefit: Baggage Insurance	Sum Insured (₹)	Premium (₹)
Total Value of Personal Baggage, Personal effects and other articles carried (During the Period of travel anywhere in the world)		

7. Benefit: Breakdown of Domestic Electrical and Electronic Appliances. Please List the items which you wish to cover indicating the present day replacement value (Only up to 8 years old)				Sum Insured (₹)	Premium (₹)
Sr. No.	Description/Make/Model*	Year of Make*	Serial No.*		
1.					
2.					
3.					
<b>Total</b>					

8. Benefit: Marine Transit	Sum Insured (₹)	Premium (₹)
Contents <input type="checkbox"/> Yes <input type="checkbox"/> No	As in Benefit Burglary	

9. Benefit: Personal Accident (Applicable only to persons in the age group 12-70 years)									
Name of the person to be Insured*	Age*	Occupation	Relationship with the Proposer*	Details of existing infirmity/disability*	Name of Assignee	Name of the Appointee	Relationship to Proposer	Capital Sum Insured (₹)*	Premium (₹)*
<b>Total</b>									

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I/We hereby assign the money payable by TATA AIG General Insurance Co. Ltd, in the event of my death to the assignee named above and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

10. Benefit: Temporary Re-Settlement Expenses Cover (Max. Sum Insured ₹10,000)	Sum Insured (₹)	Premium (₹)

11. Benefit: Loss of Cash Whilst in Transit (Max. sum Insured of ₹20,000)	Sum Insured (₹)	Premium (₹)

12. Benefit: Jewellery and Valuables (Please list the items which you wish to cover)			
Sr. No.	Description/Number/Weight	Sum Insured (₹)	Premium (₹)
<b>Total</b>			

**Note:**

- Valuation and Inspection Certificate from Jewellers/Valuers in respect of any single item value of more than ₹50000/- has to be submitted.
- If total value of items Proposed for Insurance in this Benefit is more than ₹5 lakhs then these would be valued by our approved Valuers an photograph should be submitted.

13. Benefit: Fraudulent Charges (Maximum Sum Insured of ₹1,00,000)	Sum Insured (₹)	Premium (₹)

14. Benefit: Lost Wallet (Maximum Sum Insured of ₹15,000)	Sum Insured (₹)	Premium (₹)

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WITH YOU ALWAYS

# Home Secure (Householders) Policy



15. Benefit: Key replacement (Maximum Sum Insured of ₹25,000)	Sum Insured (₹)	Premium (₹)

16. Benefit: Accidental Damage, General Contents	Sum Insured (₹)	Premium (₹)

### Details of Other Insurance:

### Previous Insurance Details:

Name and Address of Previous Insurers	Policy No.	Expiry Date	Claims under Section	Claims During Preceding 3 Years		
				Year	No. of Claims	Amount

### Payment Details:

Amount (In ₹):			
Instrument Type	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Online Payment		
Cheque/DD No.		Date	
Bank Name		Branch	
Credit/Debit Card No.		Expiry Date	
*PAN Card No.			

### Sources of funds (Please tick wherever applicable):

Salary  
 Business  
 Others (Please Specify): \_\_\_\_\_

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## 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: \_\_\_\_\_

## 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 (Other than Personal Accident Section):

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.

I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and TATA AIG General Insurance Company Limited.

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.

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.

I/We agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us as required by the procedures/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation.

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-realization of the cheque or non-receipt of the amount of premium by the Company the Policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy.

## Declaration and Warranty on behalf of all Persons Proposed to be Insured under Personal Accident:

1. I/We 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 and to the best of my knowledge and that I/we am/are authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of 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.
3. I/We further declare that I/we 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.
4. 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 and/or Claims Servicing & Settlement.

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

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

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

### TATA AIG GENERAL INSURANCE COMPANY LIMITED

**For Producer's Use Only:**

Producer's Code: _____	Field Receipt No.: _____	Date: _____
Premium (₹): _____	Cash/Cheque No.: _____	Bank: _____
Date: _____	Business of: Rural: _____	Social Sector: _____
Others: _____	Producer's Signature: _____	

**Bank Details\*:**

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 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.

**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.

**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.

Name & Signature of Agent/Intermediary: \_\_\_\_\_

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

## 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: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

## Acknowledgement for Proposal:

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 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: \_\_\_\_\_

**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.

### TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India  
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CIN: U85110MH2000PLC128425 • Home Secure (Householders) Policy UIN: IRDAN108RP0002V05100001