

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. Read the Policy Wordings before filling up this Proposal Form to understand the meaning of the terms used herein better.
4. The property proposed for Insurance is not covered until the Proposal is accepted and Premium is received.

Policy Issuing Office
Address & Code

Intermediary/Agent/ POSP Name	Intermediary/Agent/ POSP Code (If any)	Intermediary/Agent/ POSP Contact No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Policyholder Details:

1.	Policyholder Type	<input type="checkbox"/> Individual <input type="checkbox"/> Entity	
2.	Name of the Policyholder	1.	<input type="text"/>
		2.	<input type="text"/>
		3.	<input type="text"/>
3.	*PAN Details	<input type="text"/>	
4.	Current Address	<input type="text"/>	
	City	<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"/>	

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 • Smart Home All Risk Policy UIN: IRDAN108RP0002V01202425

5.	Contact Detail	Landline		Mobile
	Email ID			

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.	Policy Period: _____ Months/ _____ Years Note: (Duration of Cover with longest duration should be mentioned as Policy Period)	
8.	GST Details	
9.	Do you want a physical copy of this Policy Document?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In case of individual Policyholder, please fill below the Additional Details:

1.	Date of Birth	DD/MM/YYYY
2.	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____
3.	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
4.	Occupation	
5.	Are you a TATA Group Company Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Group Company: _____ ID No.: _____	

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Family Member Details:	
Sr. No.	Name of Family Member

Details of Property:

1.	Risk Location Address	<p>_____</p> <p>_____</p> <p>City: _____ State: _____ Pin Code: _____</p>
2.	Type of Building	<input type="checkbox"/> Flat/Apartment <input type="checkbox"/> Independent Building
3.	Are you a tenant or an owner of the Building	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner If owner, please tick against which is applicable: <input type="checkbox"/> 1. Self-Occupied <input type="checkbox"/> 2. Let Out <input type="checkbox"/> a. Primary Residence <input type="checkbox"/> b. Non-Primary Residence
4.	Age of Building	Please tick against which is applicable: <input type="checkbox"/> Up to 10 years <input type="checkbox"/> 10 years to 30 years <input type="checkbox"/> 30 years to 50 years <input type="checkbox"/> 50 years to 75 years <input type="checkbox"/> 76 years to 100 years
5.	Fire Fighting Equipment available at the Property	1. Hand appliances (Fire extinguishers): <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Automated systems: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify, if yes) _____
6.	Security features at the property	1. Physical Security: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Alarms and/or CCTV Cameras: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Any other security feature (Please specify): _____

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Coverage Details:

Please note: Either Building Cover or Contents Cover is mandatory to be opted for this Policy.

I. Building All Risk:

1.	Cover Opted	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Building Sum Insured	<p>1. Carpet area or area of the Building: (in sq. ft. or sq. mtr.) Please select the unit of measurement applicable ____ sq. ft. ____ sq. mtr.</p> <p>2. Basis of Sum Insured:</p> <p>a. Re-construction Value Basis (Applicable for both Flat/Apartment or Independent Building): _____</p> <p>i. Cost of Construction per sq. ft. or sq. mtr.: _____</p> <p>b. Agreed Value Basis (Applicable for both Flat/Apartment only): _____</p> <p>If you have opted for Agreed Value Basis, please choose the basis of Sum Insured calculation from the below details:</p> <p>i. Carpet Area of the structure as mentioned in the Registered Sale Deed Agreement X the Ready Reckoner rates issued by the Revenue Department of the State Government for the locality in which the Flat/Apartment is situated: _____</p> <p>ii. Amount as in Registered Sales Deed Agreement: _____</p> <p>iii. Amount mentioned in the Valuation Report of a Government Approved Valuer: _____</p>
3.	Cover Period	_____ Months/_____ Years
4.	Details of Additional Structures	
5.	Total Sum Insured for Building (₹)	
6.	Other Details	<p>I. Basement included: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>II. Please specify if walls or roof are made of anything other than RCC/ Bricks/Cement/Stone</p>

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7.	Mortgagee Name (If Property is Mortgaged)	
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II. Contents All Risk:

1.	Cover Opted	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Sum Insured for the Contents (₹)	
3.	Cover Period	_____ Months/_____ Years

- Kindly note that Contents exclude Portable Electronics, Jewellery, Fine Art and Valuables, Bonds, Cheques, Personal Papers and Payment Cards
- Single Item limit for contents will be 20% of Sum Insured or ₹4,00,000 whichever is lower. Please provide the details of the items exceeding this limit below:

Sr. No.	Description of Item	Value

III. Portable Electronics All Risk:

1.	Cover Opted	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Sum Insured for Portable Electronics (₹)	
3.	Cover Period	_____ Months/_____ Years

- Portable Electronics Sum Insured is limited to 10% of the Contents Sum Insured. In case, Sum Insured for Portable Electronics exceed this limit, please provide the list of all the Portable Electronic items along with their value below.
- Single Item limit for Portable Electronics will be 20% of Portable Electronics Sum Insured. In case, Sum Insured for any single item is greater than this, please provide the details of the item below:

Sr. No.	Category (Mobile/Laptop/Wearables/Others) (Please Specify)	Make/Model	Year of Purchase	Sum Insured

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Geographical scope of coverage under Portable Electronics is all over India. In case you wish to extend the coverage outside geographical scopes of India, Please select 'YES' below:

Do you wish to opt for Worldwide Cover Extension? Yes No

IV. Jewellery All Risk:

1.	Cover Opted	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Sum Insured for Jewellery (₹)	
3.	Cover Period	_____ Months/_____ Years

Kindly provide details of Jewellery items that you wish to Cover.

Kindly provide Valuation Report/Invoice/Bills for the below:

- In case you want to cover Jewellery items worth more than ₹25 Lakhs or
- In case any Single Jewellery item is worth more than ₹5 Lakhs or more than 20% of the total Jewellery Sum Insured (whichever is lower)

Details for "Jewellery" Coverage:

Sr. No.	Description of the Item	Weight (In gms)/Carat	Agreed Value Sum Insured	Valuation Report Attached Yes/No
Total				

Geographical scope of coverage under Jewellery is all over India. In case you wish to extend the coverage outside geographical scopes of India, Please select 'YES' below:

Do you wish to opt for Worldwide Cover Extension? Yes No

V. Fine Arts and Valuables All Risk:

1.	Cover Opted	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Sum Insured for the Contents (₹)	
3.	Cover Period	_____ Months/_____ Years

Kindly provide details of Fine art and Valuable items that you wish to Cover.

Kindly provide Valuation Report/Invoice/Bills for the below:

- In case you want to cover Fine art and Valuable items worth more than ₹25 Lakhs or
- In case any Single item is worth more than ₹5 Lakhs or more than 20% of the total Fine art and Valuable Sum insured (whichever is lower)

Details for Fine art and Valuable Coverage:

Sr. No.	Category (Painting/Sculptures/ Portable Equipments/Watches /Accessories/Collectibles/ Others) (Please Specify)	Item Specifications	Agreed Value Sum Insured	Valuation Report/ Invoice Copy Attached Yes/No

Geographical scope of coverage under Fine art and Valuables is all over India. In case you wish to extend the coverage outside geographical scopes of India, Please select 'YES' below:

Do you wish to opt for Worldwide Cover Extension? Yes No

Other Details for the Policy:

Excess/Deductible Opted (₹)	
Terrorism Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify if the Building is currently Unoccupied or going to be Unoccupied during the Policy Period	

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Add-On Covers:

Do you wish to opt for any of the following Add-On Cover (Kindly tick Add-On Covers you want to opt for):

Sr. No.	Add-On Covers	Please Tick Add-On Cover You Want to Opt	Total Sum Insured (In ₹)	Cover Period
1.	Personal Accident			
2.	Breakdown of Domestic Electrical and Electronic Appliance (Available only if Contents Cover opted)			
3.	Public Liability Cover			
4.	Fraudulent Charges			
5.	EMI Protection		Cover opted for: ___Months	
6.	Baggage Loss			
7.	Preventive Maintenance Expense			
8.	Value Added Service: Pick-Up and Drop (Available only if Portable Electronics and/or Breakdown of Domestic Electrical and Electronic Appliance Cover is opted)			

Personal Accident Details (To be filled if Cover Opted):

Applicable only to persons in the age group of 12-70 years

Name of Insured	Date of Birth DD/MM/YYYY	Relationship with the Policyholder	Sum Insured	Name of Nominee/ Assignee	Relationship with the Insured	In case Nominee is Minor, Name of Appointee	Relationship with the Nominee
Total Sum Insured							

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Breakdown of Domestic Electrical and Electronic Appliance Details (To be filled if Cover Opted):

Sr. No.	Description/Make/Model of Item	Year of Make	Serial No.	Total Sum Insured

Previous Insurance Details:

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		
5.	Please provide details if the answer to the above Question No.4 is 'Yes'			

Other Insurance Details:

Is there any Policy in place for the same property? Yes No

If yes, please provide the details:

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.

Premium Installment Details:

Applicable only for Policies with a minimum tenure of 2 Years.

Please select the Premium Payment Mode opted: Yearly One-Time Payment

Payment Details:

Amount (In ₹)			
Instrument Type	Cheque/DD/Cash/Credit Card (Only Visa/Master Card accepted)/ Online Payment		
Cheque/DD No.		Date	
Bank Name		Branch	
Name of Cardholder			
Name of Premium Payer			
Details of NEFT/IMPS/ UPI/Wallet			
*PAN Card No.			
Sources of funds (Please tick wherever applicable):			
<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify): _____			

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.

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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 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: _____

Nationality: Indian Non Indian If non Indian, please specify country: _____

Type of Organization:

- Corporations Governments Non Governmental Organizations Society
- Trust Partnership International Organization Cooperatives
- Section 25 Company

Declaration (for other than Personal Accident Section):

1. I/We desire to Insure with TATA AIG General Insurance Company Limited in respect of the home described in this proposal form and confirm that the statements contained in this application are my/our true and accurate representations.
2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this Policy would stand forfeited.
3. 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.
4. 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.
5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to TATA AIG General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

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6. 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 on 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-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.

Date: _____

Place: _____

Proposer's Signature: _____

For Producer Use Only:

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

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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			
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.

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 Policyholder: _____

Name & Signature of Agent/Intermediary: _____

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 Policyholder: _____

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: _____

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.

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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