

## Proposal Form

### Important:

1. This Proposal is for covering, Home Building and/or Home Contents against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this Proposal Form to understand the meaning of the terms used herein better.
3. The Property Proposed for insurance is not covered until the Proposal is accepted and Premium paid.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (If Any)	

### A. Details about Proposer and Policy Period:

1.	Name of Proposer			
2.	Current Address of Proposer			
	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			
3.	Phone No.: a) Mobile	b) Landline		
4.	Email ID			
5.	Policy to be Issued in Favour of (List Out All the Parties Who Have Insurable Interest Including the Financial Institutions)	1. 2. 3. Financier Name:		
6.	Period of Insurance	From: To: (No. of Years In Case of Long Term Policy: _____) <b>Note: For Long term Policy, Period of Insurance shall not exceed 20 years.</b>		
7.	PAN*			

### 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.

### 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 • TATA AIG Home Protect Plus Policy UIN: IRDAN108RPPR0008V01202425

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 Proposal Form?  Yes  No

## B. Covers Opted:

Sr. No.	Cover Type	Cover Name	Sum Insured	Please Tick								
1.	Base	Home Building and Home Contents	<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> <p>Home Building Category:  <input type="checkbox"/> Under Construction <input type="checkbox"/> Occupied</p> <p>If Under Construction:  Home Building Proposed Possession Date (As per registered Sale Deed/Agreement): DD/MM/YYYY</p> <p>1. Sum Insured for Home Building: _____</p> <ul style="list-style-type: none"> <li>Sum Insured for residential structures of your home including fitting and fixtures:  Carpet Area of structure of Home in sq. metres &lt;&lt;__&gt;&gt; X Rate of Cost of Construction per sq. metre at the Policy Commencement Date &lt;&lt;__&gt;&gt;</li> </ul> <p>1.1. Sum Insured for additional structures</p>	Cover	Please Tick	Home Building & Home Contents	<input type="checkbox"/>	Home Building Only	<input type="checkbox"/>	Home Contents Only	<input type="checkbox"/>	<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"/>											

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Additional Structure Description	Sum Insured (In ₹)
<b>Total</b>	<<XXX>>

2. Sum Insured for Home Contents: \_\_\_\_\_

Items	Sum Insured (In ₹)
Furniture, Fixtures and Fittings (Home Furnishing)	
Electrical/Electronic	
Others	

2.1. In case of basement, if there are contents in it, please provide the Sum Insured: \_\_\_\_\_

3. Is there any Policy in place for the same property?

Yes  No (If yes, provide details: \_\_\_\_\_)

4. Single Risk Location of Home Building & Home Contents (In Case of Occupied Home Building) - full postal address with pincode:

<b>Address with Pincode</b>	
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5. Multiple Risk Location of Home Building & Home Contents (In case of under construction Home Building) - full postal address with pincode:

a. Risk Location of under construction Home Building:

<b>Address with Pincode</b>	
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b. Risk Location of Home Contents:

<b>Address with Pincode</b>	
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6. Is it in a multi-storey building or is it a standalone house?

If multi-storeyed, mention No. of floors \_\_\_\_\_

7. Is there a basement under your house?

Yes  No

8. Cover Period:

Cover Name	Cover Period		
Home Building	Building Cover Period	Proposed Possession Date/Cover Period Commencement Date:	End Date
Home Contents	Content Cover Period	Cover Period Commencement Date:	

9. Age of Home Building:

*(Please tick the relevant option.)*

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"/>

10. 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:	
Wall	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
Roof	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca
Floor	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca

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	<b>Base (Inbuilt Cover)</b>	<b>Loss of Rent or Rent for Alternative Accommodation</b>	<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> <p><b>Loss of Rent:</b>  i. Sum Insured (In ₹):  ii. Number of Months:</p> <p><b>Rent for Alternative Accommodation:</b>  i. Sum Insured (In ₹):  ii. Number of Months:</p>	Loss of Rent	<input type="checkbox"/>	Rent for Alternative Accommodation	<input type="checkbox"/>												
Loss of Rent	<input type="checkbox"/>																		
Rent for Alternative Accommodation	<input type="checkbox"/>																		
	<b>1(a). (Optional Cover)</b>	<b>Cover for Home Valuable Contents (On Agreed Value Basis) (Under Home Contents Only)</b>	Please attach list of items and Sum Insured: <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Description</th> <th>Value (₹)</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Value Certification attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cover will only be applicable for Risk Location of Home Contents as declared in section 4 or section 5.a and section 5.b above.</p>	Sr. No.	Description	Value (₹)													<input type="checkbox"/>
Sr. No.	Description	Value (₹)																	
	<b>1(b). (Optional Cover)</b>	<b>Personal Accident Cover for yourself and your Spouse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide details: _____) Your Age: _____ Name and Age of your spouse: _____	<input type="checkbox"/>															
	<b>1(c). (Optional Cover)</b>	<b>Terrorism Cover</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Cover will be applicable for both Risk Location of Home Building and/or Home and Risk Location of Home Building as opted and declared in section 5.b above.	<input type="checkbox"/>															
	<b>1(d). (Optional Cover)</b>	<b>Temporary Resettlement Expense</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select the Sum Insured <table border="1"> <thead> <tr> <th>Select</th> <th>Sum Insured (In ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td>10,000</td></tr> <tr><td> </td><td>50,000</td></tr> <tr><td> </td><td>1,00,000</td></tr> <tr><td> </td><td>2,50,000</td></tr> <tr><td> </td><td>5,00,000</td></tr> <tr><td> </td><td>10,00,000</td></tr> </tbody> </table>	Select	Sum Insured (In ₹)		10,000		50,000		1,00,000		2,50,000		5,00,000		10,00,000	<input type="checkbox"/>	
Select	Sum Insured (In ₹)																		
	10,000																		
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	1(e). (Optional Cover)	Personal Liability Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Sum Insured (₹): _____ (Conditions: Criteria for Maximum Sum Insured: 50% of Home Building Sum Insured limited to ₹50,00,000/-)	<input type="checkbox"/>
	1(f). (Optional Cover)	Accidental Damage - General Contents (Excluding Portable Electrical/ Electronic Item)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Sum Insured (₹): _____ (Conditions: Maximum Sum Insured of this cover cannot exceed 5% of your General Contents Sum Insured)  Cover will only be applicable for Risk location of Home contents as declared in section 4 or section 5.a and section 5.b above.	<input type="checkbox"/>

**Please Note:**

**For Home Building and/or Home Contents Offers covers against Fire and Allied Perils:**

**i. For Home Building Structure:**

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.

**ii. Sum Insured (SI) for Home Building:**

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 metres 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.

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### iii. For Home Contents:

a. 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.

b. 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.

### iv. Valuable Contents:

a. 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 must submit a Valuation Certificate. However, the requirement of Valuation Certificate is waived if the Sum Insured opted is upto ₹5 lakh and individual item value does not exceed ₹1 Lakh).

### v. For Temporary Resettlement Expenses Cover:

If prior to the covered loss you are not living in the home or have moved due to construction or renovation or expiry of tenancy agreement, then Temporary Resettlement Expenses Cover for the location will not apply.

### C. Premium Details:

Mode of Payment	
Payment Details	
Amount (in ₹) (Including GST)	

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**D. Payment Details:**

<input type="checkbox"/> Cheque <input type="checkbox"/> NEFT			
Instrument No.		Instrument Date	
Bank Account No.			
Branch Name & Address			
IFSC Code		MICR Code	
Bank Details for Premium Refund In Case of Cancellation to be Considered as Above: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, Please Provide Additional Bank Details in Below Provided Space:			
Customer's Bank Account			
Bank Account No.			
Branch Name & Address			
IFSC Code		MICR Code	

**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.

**E. Claims Details:**

Please specify details of any loss to the Proposed Property in last 3 Years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount (Please Specify if Claim is Outstanding)

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## Declaration & Warranty on Behalf of All Persons Proposed to be Insured:

- 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 to the best of my knowledge and that I/we am/are authorized to Propose on behalf of these other persons.
- 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 payment of the premium chargeable. 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 authorize the company to share information/data/details provided by me to any other person in connection with the Proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement.

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

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

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

## 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 to the company.

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

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: \_\_\_\_\_

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

Code: \_\_\_\_\_

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WITH YOU ALWAYS

# TATA AIG Home Protect Plus 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: \_\_\_\_\_

## 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/Specified Person: \_\_\_\_\_

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

## 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.

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WITH YOU ALWAYS

# TATA AIG Home Protect Plus Policy



## 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.

### Nationality:

- Indian
- Non-Indian; If Non-Indian, please specify Country: \_\_\_\_\_

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

### For office use only:

Employee ID	
Partner Reference ID	

**Disclaimer:** Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/policy wordings on www.tataaig.com carefully, before concluding a sale. The trade logo displayed above belongs to TATA Sons Private Limited and AIG and is used by TATA AIG General Insurance Company Limited under License.

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