

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	Insured 1: Insured 2: Insured 3: Insured 4: Financier Name (If Applicable):		
6.	Period of Insurance	From: To: (No. of Years In Case of Long Term Policy: _____) Note: For Long Term Policy, Period Shall Not Exceed 10 Years.		
7.	Do you want a physical copy of this Policy Document?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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 Bharat Griha Raksha Policy UIN: IRDAN108RP0019V02202021

8. 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

B. Covers Opted:

9.	Is there any policy in place for the same Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	If yes, please provide the details:									
10.	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"/>									

C. Location of Home Building:

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

D. 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.

15.	<p>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:</p> <ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> Sum Insured for Residential Structure your home including fittings and fixtures (In ₹): Sum Insured (In ₹): _____
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TATA AIG GENERAL INSURANCE COMPANY LIMITED

<p>b. For Additional Structures: The amount that is based on the prevailing Rate of Cost of Construction at the Policy Commencement Date.)</p>	<p>b. Sum Insured for Additional Structures (In ₹):</p> <p>Sum Insured (In ₹): _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;">Additional Structure</th> <th style="width: 30%;">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>16. Carpet Area of structure of home in Square Meters</p>	<p>_____ Square Meters</p>										
<p>17. Rate of Cost of Construction per Square Meters at the Policy Commencement Date</p>	<p>_____ (in ₹)</p>										

Other Details

<p>18. Age of Home Building:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Less than 5 Years</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5-10 Years</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>10-20 Years</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Above 20 Years</td> <td style="text-align: center;"><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>19. 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'.)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Construction Type</td> <td style="width: 30%;"> <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
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										

E. 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.

20.	<p>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" style="width: 100%;"> <thead> <tr> <th style="width: 80%;">Items</th> <th style="width: 20%;">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										
21.	In case of Basement, if there are contents in it, please provide the Sum Insured									

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

22.	<p>Cover for (Please Tick):</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Loss of Rent</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Loss of Rent	<input type="checkbox"/>	Rent for Alternative Accommodation	<input type="checkbox"/>	<p>Loss of Rent:</p> <ol style="list-style-type: none"> i. Sum Insured (In ₹): ii. Number of Months: <p>Rent for Alternative Accommodation:</p> <ol style="list-style-type: none"> i. Sum Insured (In ₹): ii. Number of Months:
Loss of Rent	<input type="checkbox"/>					
Rent for Alternative Accommodation	<input type="checkbox"/>					

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

<p>23. Do you require 'Personal Accident Cover' for yourself and your spouse?</p>	<p> <input type="checkbox"/> Self <input type="checkbox"/> Self and Spouse Age (Self): _____ For Self and Spouse: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;">Name of your Spouse</td> <td style="width: 30%;"></td> </tr> <tr> <td>Age of Spouse</td> <td></td> </tr> </table> </p>	Name of your Spouse		Age of Spouse									
Name of your Spouse													
Age of Spouse													
<p>24. 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 upto ₹5 Lakh and individual item value does not exceed ₹1 Lakh).</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach list of items and Sum Insured: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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> Valuation Certificate attached? <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	Sr. No.	Description	Value (in ₹)									
Sr. No.	Description	Value (in ₹)											

H. Add-On Covers (Over and Above Optional Covers Available on Payment of Additional Premium):

<p>25. Do you require "Temporary Resettlement Expenses Cover"? (Conditions: 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.)</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select the Sum Insured opted: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Select</th> <th style="width: 70%;">Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">10,000</td></tr> <tr><td> </td><td style="text-align: center;">50,000</td></tr> <tr><td> </td><td style="text-align: center;">1,00,000</td></tr> <tr><td> </td><td style="text-align: center;">2,50,000</td></tr> <tr><td> </td><td style="text-align: center;">5,00,000</td></tr> <tr><td> </td><td style="text-align: center;">10,00,000</td></tr> </tbody> </table> </p>	Select	Sum Insured		10,000		50,000		1,00,000		2,50,000		5,00,000		10,00,000
Select	Sum Insured														
	10,000														
	50,000														
	1,00,000														
	2,50,000														
	5,00,000														
	10,00,000														
<p>26. Do you require "Personal Liability Cover"? (Conditions: Criteria for Maximum Sum Insured: -50% of Home Building Sum Insured limited to ₹50,00,000)</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Sum Insured (₹): _____ </p>														

27.	Do you require "Accidental Damage - General Contents (excluding Portable Electrical / Electronic item) Cover"? (Conditions: Maximum Sum Insured for this Cover cannot exceed 5% of your General Contents Sum Insured)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Sum Insured (₹): _____
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I. Premium Details:

Mode of Payment	
Payment Details	
Amount (In ₹)	

J. 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

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"/> Others/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):			
<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify): _____			

TATA AIG GENERAL INSURANCE COMPANY LIMITED

K. Declaration by Insured:

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.

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/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: _____

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.

Vernacular Declaration (Certification in case the Proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms and 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: _____

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.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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.

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.

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

Name of the Specified Person and Code: _____

Place: _____

Date: _____

Signature of Agent: _____

Customer Acknowledgement Copy :

Name of the Proposer _____
We acknowledge with thanks the receipt of your application for TATA AIG Bharat Griha Raksha Policy and amount by Cash/Cheque/Demand Draft/Others _____ of amount of ₹ _____. Neither the submission to us of a completed Proposal for Insurance nor any payment towards this application obliges us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a Proposal for Insurance, it shall be subject to the Policy terms and conditions and we shall have no liability to make any payment if Proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of additional information requested by us. We shall have no liability to make any payment under the Policy if Proposal is under process & claim arises in the interim period before the decision on the Proposal is given by us. In case of counter offer you need to revert to us with consent and Additional Premium (if any), within 15 days of the issuance of such Counter Offer Letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel application and refund the premium paid without interest subject to deduction of administrative charges, as applicable. If we do not accept the Proposal, we will inform you and refund any payment received from you without interest within next 10 days.

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.



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
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 Bharat Griha Raksha Policy UIN: IRDAN108RP0019V02202021