

Proposal Form

Issuing Office		Agent/Intermediary Name	
Name of Master Policyholder		Agent/Intermediary Code	
Address of Policyholder		Agent/Intermediary Contact No.	
Master Policy No.		Branch Code	
Renewal No.		Business Type	<New/Renewal Business>
Endorsement No.			
GSTIN			
Place of Supply			

Contact Details of Master Policyholder:

Tel/Mobile No.	
Email ID	
*PAN No.	
Do you want a physical copy of this Policy Document? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Category of Customer:

Customer Category	Insurance Attachment (Mandatory/Optional)	Please Tick
Home Loan		<input type="checkbox"/>
Auto Loan		<input type="checkbox"/>
Personal Loan		<input type="checkbox"/>
Loan Against Property		<input type="checkbox"/>
Current Account/Savings Account/DEMAT Customer		<input type="checkbox"/>
Any Other (Please Specify)		<input type="checkbox"/>

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 Smart Multi Assure Policy • UIN: IRDAN108RPMS0009V01202425

Master Policy Period	Commencement Date	DD/MM/YYYY		Hrs
	Expiry Date	DD/MM/YYYY		Hrs

Sr. No.	Cover Type	Cover Name	Sum Insured	Please Tick
1	Base (B1)	Home Building and Home Contents		<input type="checkbox"/>
	Base (Inbuilt Cover)	Loss of Rent and Rent for Alternative Accommodation		<input type="checkbox"/>
	1a. (Optional Cover)	Cover for Home Valuable Contents (On Agreed Value Basis)		<input type="checkbox"/>
2	Base	Identify Theft		<input type="checkbox"/>
3	Base	Digital Theft of Funds		<input type="checkbox"/>
4	Base	Fraudulent Charge on Loss of Card		<input type="checkbox"/>
5	Base	Key Replacement Cover		<input type="checkbox"/>
6	Base (B2)	ATM Assault and Robbery		<input type="checkbox"/>
7	Base	Lost Wallet Coverage		<input type="checkbox"/>
8	Base	Personal Accident		<input type="checkbox"/>
9	Base	Loss of Income (Involuntary)		<input type="checkbox"/>
10	Add-On	Loss of Income (Commercial Vehicle)		<input type="checkbox"/>
11	Add-On	Loss of Income (Disability & Critical Illness)		<input type="checkbox"/>
12	Add-On	Garage Cash (Private Vehicles)		<input type="checkbox"/>
13	Add-On	Terrorism Cover (Applicable only if Home Building and Home Contents Cover is opted)		<input type="checkbox"/>
14	Add-On	Temporary Resettlement Expenses Cover (Applicable only if Home Building and Home Contents Cover is opted)		<input type="checkbox"/>
15	Add-On	Personal Liability Cover (Applicable only if Home Building and Home Contents Cover is opted)		<input type="checkbox"/>

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16	Add-On	Accidental Damage - General Contents (Applicable only if Home Building and Home Contents Cover is opted)	<input type="checkbox"/>
17	Add-On	Accidental and Liquid Damage (Portable Electrical and Electronic Devices) (Applicable only if Home Building and Home Contents Cover is opted)	<input type="checkbox"/>
18	Add-On	Brokerage Expenses (Applicable only if Home Building and Home Contents Cover is opted)	<input type="checkbox"/>
19	Add-On	Burglary, Theft & Larceny (Applicable only if Home Building and Home Contents Cover is opted)	<input type="checkbox"/>
20	Add-On	Breakdown of Domestic, Electric and Electronic Appliances Cover (Applicable only if Home Building and Home Contents Cover is opted)	<input type="checkbox"/>
21	Add-On	Delay in Salary Payment	<input type="checkbox"/>
22	Add-On	Rescinding of Offer Letter	<input type="checkbox"/>
23	Add-On	Unauthorised Fund Transfer & Forgery Protection	<input type="checkbox"/>
24	Add-On	Vacation Cancellation Cover	<input type="checkbox"/>
25	Add-On	Value Added Services	<input type="checkbox"/>

For Policy Wordings, please scan the QR Code:

Dummy QR



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Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy Issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited 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: _____

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: _____



WITH YOU ALWAYS

TATA AIG Smart Multi Assure Policy



Declaration by the 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 authorise the company to share information/data/details provided by me/us to any other person in connection with the Proposal for the sole purpose of underwriting, Policy Servicing and/or claims servicing & settlement.

Date: _____

Place: _____

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: _____

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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.

Nationality:

- Indian
- Non-Indian; If Non-Indian, please specify Country: _____

Type of Organisation making the payment (Please Tick):

- | | |
|--|---|
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Government Organisation | <input type="checkbox"/> International Organisation |
| <input type="checkbox"/> Non-Governmental Organisation (NGO) | <input type="checkbox"/> Cooperatives |
| <input type="checkbox"/> Society | <input type="checkbox"/> Section 25 Company |
| <input type="checkbox"/> Trust | |

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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 the Insurance Act 1938: Commencement of risk cover under the Policy is subject to receipt of premium by TATA AIG General Insurance Company Limited.

Additional Information:

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

For office use only:

Employee ID	
Partner Reference ID	
Policy Servicing Office	

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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