

Proposal Form

Proposal Form No.

Please note:

- To be filled and signed by Proposer.
- Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable
- This Proposal shall be the basis of contract for Policy Issuance.

Intermediary Details:

Intermediary Name	<input type="text"/>	Code	<input type="text"/>
Specified Person Name	<input type="text"/>	Code	<input type="text"/>

Proposer's Details:

Name of the Proposer	<input type="text"/>		
Current Address of the Proposer	<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"/>		
*PAN No.	<input type="text"/>		
Landline No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email ID	<input type="text"/>		
GSTIN No.	<input type="text"/>		

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
<input type="text"/>	DD/MM/YYYY	<input type="text"/>	<input type="text"/>	<<*****9810/ abc@gmail.com>>	<input type="text"/>	<input type="text"/>
<input type="text"/>	DD/MM/YYYY	<input type="text"/>	<input type="text"/>	<<*****9810/ abc@gmail.com>>	<input type="text"/>	<input type="text"/>
<input type="text"/>	DD/MM/YYYY	<input type="text"/>	<input type="text"/>	<<*****9810/ abc@gmail.com>>	<input type="text"/>	<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 • Card Protection Policy UIN: IRDAN108CP0003V01201920

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

A. Details of Cards:

Sr. No.	Card No.	Eligible Cardholder/ Insured Name	Self/Add-On	Card Spending Limit	Bank

Types of Cards Available: _____,

Maximum Spending Limit as per Card: _____,

B. Details of Benefits:

Benefit No.	Benefit Applicable	Per Occurrence Limit (₹)/ No. of Occurrences	Annual Aggregate Limit (INR)	Condition/Deductible/ Excess/Franchise
1.	E-Commerce Purchase Protection	₹_____ Per Occurrence.		Franchise of ₹ _____
2.	Price Protection	₹_____ Per Occurrence.		Minimum Original Purchase Price ₹ _____ Franchise of ₹ _____
3.	ATM Protection	₹_____ Per Occurrence. Maximum ____ Occurrence.		Deductible of ₹ _____ Per Occurrence
4.	Identity Theft	₹_____ Per Occurrence.		Deductible of ₹ _____ Per Occurrence
5.	Wallet Guard	₹_____ Per Occurrence.		

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6.	Purchase Protection	₹_____ Per Occurrence.		_____Deductible on the Cost of Repair _____% of Depreciation on the Purchase Value
7.	Fraudulent Charges A. For Card Lost B. For Unauthorized Card Transaction	₹_____ Per Occurrence. ____Hours. ₹_____ Per Occurrence. ____Hours/Days prior to first reporting. ____Hours after reporting.		
8.	Mobile Phone Protection	₹_____ Per Occurrence.		Deductible of ₹_____ Per Occurrence on the Cost of Repair_____% of Depreciation on the Purchase Value of ₹_____ Cost of Replacement _____
9.	Home Contents	₹_____ Per Occurrence.		Single Item Limit ₹_____
10.	Ticket Protection a. Towing Services	₹_____ Per Occurrence Maximum ____ Occurrence. ₹_____ Per Occurrence.		Deductible of ₹_____ Per Occurrence Deductible of ₹_____ Per Occurrence
11.	Extended Warranty	₹_____ Per Occurrence.		
12.	Collision Damage	₹_____ Per Occurrence.		Amount of rental vehicle for eligibility of coverage ₹_____

13.	Misfuelling Benefit	₹_____ Per Occurrence. Maximum _____ Occurrence.	
	a. Towing	Sub-Limits_____	Deductible of ₹_____ Per Occurrence
	b. Taxi Fare	Sub-Limits_____	
	c. Drainage and Disposal	Sub-Limits_____	
	d. Replacement Vehicle	Sub-Limits_____	

C. Bank Account Details:

Customer's Bank Account	
Name of the Bank Account Holder	
Bank Account No.	
Name of the Bank	
Branch	
MICR Code (9 digit MICR Code Number of the bank and branch appearing on the cheque issued by the bank)	
IFSC Code (11 Character Code appearing on your cheque leaf)	

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.

D. Premium Payment Details:

Payment by: Credit Card/Debit Card/Cheque/Cash/Online Payment/Others # (Tick whichever is applicable)

Instrument/Card No.	Bank Name	Instrument Date	Amount (₹)

Declaration and Warranties:

- I. We have read and understood the brochure/prospectus/sales literature/terms and conditions of the Policy and confirm to abide by the same.
- II. We consent to provide a valid age proof and identity and address proof of Insured or Insured Person/Beneficiary covered under the Policy at the time of claim or any other time when required by the Company.
- III. We agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this Proposal Form.
- IV. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- V. I hereby declare and warrant on my behalf & on behalf of all persons whose cards are proposed to be covered under this Policy that the above statements, answers and particulars given by me are true and complete in all respects.
- VI. 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.

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

Card Protection 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: _____

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 Intermediary: _____

Signature of the Proposer: _____

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: _____

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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 the Insurance Act 1938: Commencement of 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 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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