Proposal Form

To help us serve you better, kindly ensure that the form is completely filled.
(The Insurance does not commence until the Proposal is accepted and premium is realized by TATA AIG General Insurance Co. Ltd.)

Application No.		Producer Code	

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. All the items Proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance Cover.
4. Policy Wordings are available in request.
5. Items marked with * are mandatory.
6. The Sum Insured of the Proposed property should be as per current replacement value or as specifically agreed by us.

Proposer's Details:

1.	Name*				
2.	Current Address*				
	Is Your Current Address the Same As Your Permanent Address? (If No, Please Fill the Details Below)		☐ Yes ☐ No		
	Permanent Address				
	City		District		
	State		PIN Code		
3.	Date of Birth*				
4.	Sex*	☐ Male ☐ Female			
5.	Marital Status	☐ Married ☐ Single			
6.	Telephone Number*	(R)		(O)	
		(M)			
7.	Email Address				
8.	Occupation*	☐ Service ☐ Self-Employed			

9. 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

10. Do you want a physical copy of this Policy Document? ☐ Yes ☐ No

11. Details of Property to be Insured*:

Sr. No.	Description* (Make/Weight/ Type/Model)	YOM/Date of Purchase*	Identification No.*	Sum Insured*

12. Period of Insurance*: From _____/_____ Hrs on _____ to Midnight of _____

13. Excess % (If required): _____

14. Whether cover is also required outside India. If yes, give details: _____

_____

15. Is the risk currently Insured? If so, please provide following details:

a. Name of the Company: _____

b. Policy No. & Period: _____

c. Name of the Policy: _____

16. Have you suffered any loss or damage in the Past?

(Irrespective of whether Insured or not) If so, give full details of thereof as under:

Date of Occurrence	Details of Loss	Amount of Loss	Name of Insurer

17. Has any company in respect of All Risks Insurance?

a. Declined your Proposal? _____

b. Cancelled or refused to renew your Policy? _____

c. Accepted your Proposal on special terms and conditions? _____

18. Any other relevant information related with the Proposal (You would like to furnish):

_____

_____

19. Any other request: _____

Payment Details:

Customer's Bank Details			
Payment Mode*	Cheque/DD/Cash/Credit Card (Only Visa/Master Card accepted)		
Cheque/DD No.		Date	
Bank Name		Branch	
Please make a Crossed Cheque/DD in favor of 'TATA AIG General Insurance Company Limited' only.			
Credit Card Number		Expiry Date	
*PAN Card No.			
Sources of Funds (Please tick wherever applicable): ☐ Salary ☐ Business ☐ Others (Please specify):_____			

Bank Details:

As per the Regulatory requirements, 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 Details:

Name of the Account Holder	
Name of the Bank	
Account No.	
Bank IFSC Code	
Account Type	☐ Savings Bank Account ☐ Current Account ☐ Others (Please specify):_____

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	☐ Savings Bank Account ☐ Current Account ☐ 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.

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.

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:

I/We desire to insure with TATA AIG General Insurance Company Limited items described in this Proposal Form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this Policy would stands forfeited. 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. 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. I/We also declare and undertake that if any addition or alteration 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 falling which it is agreed and understood by me/us that the benefit under the Policy would stand forfeited. 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 / using 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 realisation of the cheque or 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 the liabilities of whatsoever nature under this Policy.

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 the Proposer*:** _____

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 Agent/Intermediary: _____

Signature of the Policyholder: _____ **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 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 TATA AIG and the Proposer, if this Proposal is accepted by TATA AIG 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, TATA AIG 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 TATA AIG as null and void and all premiums paid under the Policy may be forfeited to TATA AIG.

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 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.