

Proposal Form

Insured Details (In block letters)			
Name of the Insured:			
Current Address			
City		State	
PIN Code		STD Code	
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			
City		State	
PIN Code			
Date of Birth		Occupation	
Contact Information			
Mobile		Phone	
Email			

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

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 • Personal Extended Protection Policy - Retail UIN: IRDAN108RP0002V02201314

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

Number of payment cards you would like to Insure with us: _____

Card Number	Type	Issuer	Expiry Date

Period of Insurance : From __/__/Hrs. On _____ To Mid Night of _____

Coverage for SIM Card required: Yes No

If yes, pl. provide details of Service provider and Sim Serial Number: _____

Are the cards currently in good standing? _____ (cards must be in good standing to qualify for coverage)

Please check the coverage you would like to have and state the desired limits and deductible:

(All figures in ₹)

Coverage	Occurrence Limit	Aggregate	Deductible	Total Premium
A. Personal Identity Protection				
Identity Theft				
Lost Wages Sub-Limit				
Fraudulent Charge				
ATM Assault and Robbery				
Lost Wallet Coverage				
B. Personal Traveling Protection				
Personal Trip Liability Coverage				
Personal Trip Effects Coverage				
Money & Cheques Sub-Limit				
Home Protection While You are Away				
Money & Cheques Sub-Limit				
C. Personal Credit Card Protection				
Price Protection				
Purchase Protection				
Key Replacement Coverage				
Subtotal				
Discount %				
Basic Premium				
Add: Service Tax				
Total Premium				

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Premium Details				
Premium Paid By	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque No.	<input type="checkbox"/> Online Payment	Date
Amount (₹)				
Bank Name			Branch	
*PAN Card Number				
Sources of Fund (Please tick 3 where applicable)	<input type="checkbox"/> Salary	<input type="checkbox"/> Business		
<input type="checkbox"/> Others (Please specify)				
Producer Name				
Producer Code				

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:

- 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.
- 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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Declarations:

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 stand 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 realization 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.

Date*: _____

Place*: _____

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

Signature of the Policyholder: _____

Name & Signature of agent/ intermediary: _____

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

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me in vernacular to the Policyholder who has understood and confirmed the same.

Signature/Thumb Impression of the Policyholder: _____

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: _____

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*

Name of the Account Holder	
Name of the Bank	
Type of Account	<input type="checkbox"/> Savings Bank Account <input type="checkbox"/> Current Account Others (Please Specify): _____
Account No.	
IFSC Code of Bank	

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. *Mandatory if annualized Premium is more than ₹10,000.

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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.

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs 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.

Grievance Redressal Procedure: As per Regulation 17 of IRDA of India (Protection of Policy Holders interests) Regulation 2024

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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