

TATA AIG BHARAT GRIHA RAKSHA POLICY- MICRO INSURANCE PRODUCT

UIN: **IRDAN108MP0001V01202122**
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 permanent address below)	Yes/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	
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 ?	Yes/ No

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	DOB	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>>		

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If the Nominee is a 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? If Yes, please provide the details	Yes/No	
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).	Cover	Please tick
		Home Buildings & 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?	Multi-Storey Building <input type="checkbox"/> Standalone House <input type="checkbox"/>
13.	In case of multi-storey building, please provide the floor number of Your house	
14.	Is there a basement to Your house?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. 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.	Sum Insured (SI) 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: a. For residential structure of Your Home including fittings and fixtures:	a. SI for residential structure of Your Home including fittings and fixtures (in ₹): <div style="border: 1px solid black; padding: 5px; width: 100%;">Sum Insured (in ₹)</div>
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	<p><i>Carpet area of the structure in square meters X Rate of Cost of Construction at the policy Commencement Date.</i></p> <p><i>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</i></p> <p>b. For additional structures: <i>the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</i></p>	<p>b. SI for additional structures (in ₹):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Additional Structure</th> <th style="width: 40%;">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 ₹)											
16.	Carpet area of structure of Home in square meters	Square Meters										
17.	Rate of Cost of Construction per square meters at the policy Commencement Date	_____ (in ₹)										
Other Details												
18.	Age of Home Building	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Less than 5 Years</td><td> </td></tr> <tr><td>5-10 Years</td><td> </td></tr> <tr><td>10-20 Years</td><td> </td></tr> <tr><td>Above 20 Years</td><td> </td></tr> </table>	Less than 5 Years		5-10 Years		10-20 Years		Above 20 Years			
Less than 5 Years												
5-10 Years												
10-20 Years												
Above 20 Years												
19.	<p>Construction Details</p> <p>Please note the following:</p> <p><i>(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.</i></p> <p><i>Construction other than Kutcha Construction is a 'Pucca Construction')</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Construction Type</th> <th style="width: 40%;">Kutcha/Pucca</th> </tr> <tr> <td colspan="2">If Kutcha, please provide the following details:</td> </tr> <tr> <td>Walls</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Floor</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Roof</td> <td>Kutcha / Pucca</td> </tr> </table> <p><i>(*strike out what is not applicable)</i></p>	Construction Type	Kutcha/Pucca	If Kutcha, please provide the following details:		Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
Construction Type	Kutcha/Pucca											
If Kutcha, please provide the following details:												
Walls	Kutcha / Pucca											
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Roof	Kutcha / 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.

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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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;">Items</th> <th style="width: 25%;">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.	<p>In case of Basement, if there are contents in it, please provide the Sum Insured</p>									

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

22.	<p>Cover for (please tick)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Loss of Rent</td> <td style="width: 15%;"></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>	Loss of Rent		Rent for Alternative Accommodation		<p>Loss of Rent:</p> <p>i. Sum Insured:</p> <p>ii. Number of months:</p> <p>Rent for Alternative Accommodation:</p> <p>i. Sum Insured:</p> <p>ii. Number of months:</p>
Loss of Rent						
Rent for Alternative Accommodation						

G. Optional Covers (available on payment of additional premium)

23.	<p>Do You require 'Personal Accident Cover' for Yourself and Your spouse?</p>	<p>Self <input type="checkbox"/> Self and Spouse <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Age (Self)</td> <td></td> </tr> </table> <p>For Self and Spouse</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name of your Spouse</td> <td></td> </tr> <tr> <td>Age of Spouse</td> <td></td> </tr> </table>	Age (Self)		Name of your Spouse		Age of Spouse							
Age (Self)														
Name of your Spouse														
Age of Spouse														
24.	<p>Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':</p> <p><i>(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)</i></p> <p><i>(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).</i></p>	<p>Yes / No</p> <p>If Yes, please attach list of items and Sum Insured:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No</th> <th style="width: 55%;">Description</th> <th style="width: 30%;">Value (in Rs)</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> <p>Valuation certificate attached? (Yes/No)</p>	Sr. No	Description	Value (in Rs)									
Sr. No	Description	Value (in Rs)												

H. Additional/Add-on Covers (over and above optional covers available on payment of additional premium)

Sl.No.	Name of Add-On Cover	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

Details of the Proposer:

Amount (in Rs.): _____

Instrument type: Cash/Cheque/Debit Card/Credit Card/Online Payment/Others

Cheque/DD No. _____ Date: _____

Bank Name: _____ Branch: _____

Credit/Debit Card No: _____ Expiry Date: _____

*PAN Card Number: _____

Sources of funds (please tick wherever applicable) : Salary/Business/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: SB 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.

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.

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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 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: D D M M Y Y Y Y

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.

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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

Name of the account Holder: _____

Name of the Bank: _____

Type of Account: SB Account/Current Account/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.

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 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: _____

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: _____

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Customer Acknowledgement Copy

Name of the Proposer _____ We acknowledge with thanks the receipt of your application for Tata AIG Smart Care Extended Warranty Insurance Policy and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____.

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

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.