



WITH YOU ALWAYS

Accident Guard Plus



Proposal Form

1. This is an application for Insurance and Issuance of this does not amount to acceptance of Proposal by us. Commencement of risk under this Proposal is subject to acceptance of the risk by us and receipt of premium.
2. The information declared by you in this form is the basis for Issuance of the Policy.
3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the Proposal and also might lead to cancelation of Policy.

Please fill-up this form in CAPITAL LETTERS

1. Proposer Details:

POS PAN No.* (Mandatory for POS Agent)		Application No.	
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Name (Mr./Mrs./Ms./Dr.)	
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Date of Birth (DD/MM/YYYY)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others	Mobile No.	
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed	Nature of Occupation	
Income (Annual)		Masked Aadhaar No.*	
E-Mail ID			

Correspondence Address			
Area			
City/Town		PIN Code	
District		State	
Permanent Address	<input type="checkbox"/> Same as Correspondence Address:		
Area			
City/Town		PIN Code	
District		State	

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 Customer Support No. 22 6489 8282 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108
 • CIN: U85110MH2000PLC128425 • URN No.: AH/2024-25/PA-04 (Internal Use Only) • Accident Guard Plus UIN: TATPAIP23086V032223

PAN Card*	
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In absence of PAN Card please give form 60 details: _____

- TATA Employee Discount: ID No.:
- Affinity Employee:

2. Plan Details:

Proposed Policy Period: From: _____ To: _____

Sum Insured (₹): _____

Policy Tenure: 1 year 2 year (5% Premium Discount) 3 year (10% Premium Discount)

Variant: Protect Elite Premier

Riders: Temporary Total Disablement (Only in Protect Variant) Child Education Benefit (Only available in Elite and Premier Variants)
 Loan Shield

No. of Children: _____

3. Details of The Person(s) to be Insured:

Sr. No.	Name of the Insured Person	Gender	Relationship with the Proposer*	Any Pre-Existing Disability / Illness (If Yes, Please Mention Details)	Date of Birth	Masked Aadhar No.	Risk Class**	Monthly Income
1.		M/F/Others			DD/MM/YYYY			
2.		M/F/Others			DD/MM/YYYY			
3.		M/F/Others			DD/MM/YYYY			
4.		M/F/Others			DD/MM/YYYY			
5.		M/F/Others			DD/MM/YYYY			
6.		M/F/Others			DD/MM/YYYY			
7.		M/F/Others			DD/MM/YYYY			

*Allowed relations - Spouse and children.

**Risk Class as per nature of duties to be selected.

‡(Mandatory in case of Premium > ₹1 Lakh)(In case Proposer is not an individual entity then details of the entity to be filled, PAN is mandatory for such cases).

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- Sum Insured available in units of 5 lakhs, up to 5 crores (Multiples of 5 Lakh).
- Spouse eligible for 50% of the primary Insured Member's Sum Insured.
- Children eligible for 10% of the primary Insured Member's Sum Insured.

Risk Class**:

- Occupation Class I - Individuals in non-hazardous occupations with office or travel duties, such as executives, senior management of companies with administrative functions, bankers, accountants, lawyers, and similar occupations.
- Occupation Class II - Individuals facing limited exposure to occupational hazards with superintending, engineering or medical duties, such as plant superintendents, engineers, physicians, inspectors and similar occupations.
- Occupation Class III - Individuals with occupational hazards, such as industrial workers, most of whom are skilled or semi-skilled workers using machinery. Also in this group will be found filling station attendants, farmers, tradesmen and delivery clerks.
- Occupation Class IV - Individuals with occupational hazards, such as industrial workers using heavy machinery or unskilled laborers.
- Occupation Class V - Members who are not engaged in any occupation for livelihood including retired members, non-earning children, housewives, dependent parents etc.
- If a member has more than one occupation (eg: farmer who owns a retail shop) the higher of the two occupation classes would be considered for rating.

4. 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 must be an immediate relative of the Proposer.

Sr. No.	Name of the Nominee	Date of Birth*	Relationship with the Proposer	Percent#	Email ID of Nominee	Contact of Nominee	Permanent Address	Present Address (If Permanent Address is different)
1.		DD/MM/YYYY						
2.		DD/MM/YYYY						
3.		DD/MM/YYYY						
4.		DD/MM/YYYY						
5.		DD/MM/YYYY						

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*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address

Nominee Bank Details (Required for Refund/Claims):

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS).

For this purpose, please submit the following details of the nominees bank account.#

Name of the Account Holder	
Name of the Bank	
Branch Bank	
Account No.	
Bank IFSC Code	
Account Type	<input type="checkbox"/> Saving 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.

5. Any Other Policy Details:

Is the Proposer or any of the Persons Proposed already Insured or have applied for Life Insurance, Pension, Health and/or Personal Accident Plan with TATA AIG General Insurance Company Ltd. or any other Insurer.

If yes, please indicate the Policy/Application Number(s): Yes No _____

Policy No./ Application No.	Type of Insurance (Life/ Health/Unit Linked/Pension/ Personal Accident)	Name of Insured Person/ Applicant	Insurer	Sum Insured (₹)	Claims Lodged During the Preceding Years. (If Yes, Please Provide Details)

6. Medical and Disability Details:

A. Medical History:

Please answer the below mentioned questions individually in Yes (Y) / No (N): You must answer the questions truthfully. Not doing so would lead to termination of your Policy.

Please answer each of the following questions individually for each Insured Person.	Insured Person						
	1	2	3	4	5	6	7
History of any illness/disease/ injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____
Has any of the Insured Members insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms.	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____	Y/N If Y, please specify _____

Existing Insurance Details:

Do you currently hold or have applied for Life Insurance/Pension/Health/Personal Accident Policies?

Yes No If Yes, kindly provide details as below:

Life Insured Name	Type of Insurance (Life / Health / Unit Linked / Pension / Personal Accident)	Company Name	Basic Sum Insured	Claim History	Details of Claim

7. Payment Details:

Name of the Premium Payer:
(If different from Proposer)

Relationship with the Proposer:
(If different from Proposer)

Premium Amount (In ₹):

Instrument Type: Cash Cheque Debit Card Credit Card Others

Sources of Funds: Salary Business Other _____

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Please make a Crossed Cheque/DD/Online Payment/Pay Order in favour of 'TATA AIG General Insurance Company Limited' only.

8. Bank Details (Required For Refund/Claims):

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS).

For this purpose, please submit the following details of the Proposer's bank account.

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

*Please fill an auto debit form for deduction of amount towards premium payment from bank account.

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.

9. 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): _____

Name of the Specified Person and Code: _____

Place: _____

Date: _____ **Signature of Intermediary:** _____

10. Declaration/Vernacular Declaration:

Vernacular Declaration (*Certification in case the proposer has signed in Vernacular/Thumbprint*).
The content of this form along with product benefits, terms and 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: _____

11. AML Guidelines:

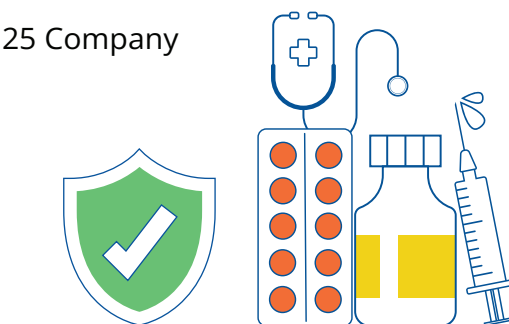
1. I/We hereby confirm that all premiums paid/payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I/We understand that the company has the right to call for documents to establish sources of funds and 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"/> Government Organisation |
| <input type="checkbox"/> Society | <input type="checkbox"/> Trust |
| <input type="checkbox"/> International Organisation | <input type="checkbox"/> Cooperatives |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Section 25 Company |
| <input type="checkbox"/> Non-Governmental Organisation (NGO) | |



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12. Declaration & Warranty on Behalf of All Persons Proposed to be Insured:

- I/We hereby declare, on my behalf and on behalf of all Persons Proposed to be Insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorised to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the Insurance Policy, is subject to the Board approved Underwriting Policy of the Insurer and that the Policy will come into force only after full payment of the premium chargeable.
- I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be Insured/Proposer after the Proposal has been submitted but before communication of the risk acceptance by the Company.
- I/We declare and consent to the Company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be Insured/Proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be Insured/Proposer and seeking information from any Insurer to whom an application for Insurance on the person to be Insured/Proposer has been made for the purpose of underwriting the Proposal and/or claim settlement.
- 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.
- I have understood the purpose of Aadhar authentication and hereby state that I have no objection in providing my Aadhar details.
- I hereby declare that I have correctly mentioned my occupation and the income declared is as appearing in latest form 16 / Salary Slip / Income Tax return acknowledgement.
- I hereby declare that I am a Salaried / Self Employed person & my Gross Annual Income is (₹ '000) :
₹ _____
- I hereby confirm that I have truthfully and completely declared in this Proposal, all the Personal Accident policies under which myself or any other member proposed for Insurance are currently insured with either TATA AIG General Insurance Co Ltd. or any other Insurance Company. I also hereby confirm that irrespective of the number of Policies an Insured Member is covered under, the maximum liability of TATA AIG General Insurance Co. Ltd. in aggregate per member shall be restricted to the minimum of:
- 40 times the annual income of the Insured person for the year of the accidental loss; or
 - Admissible claim amount as per the applicable Sum Insured plus any accrued cumulative bonus as per the terms of the relevant Policy; or
 - INR 5 crores
- I understand that I will receive digital copy of my Policy and service-related communication. However, I would prefer to also receive the physical copy of my Policy and service-related communication and I want these documents to be shared via postal mail to the address as mentioned in this Proposal Form.

Signature of Proposer: _____

Date: _____

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13. 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 Insurance Act:

Commencement of the risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

14. For Office Use Only:

Intermediary Code and Name			
TATA AIG Office Code		Channel Type	
Branch Receipt Date		Customer ID	
Business Type	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social

15. Acknowledgement (To Be Given To Customer):

Application No.: _____

Name of the Proposer: _____

Date: _____

We acknowledge with thanks the receipt of your application for Accident Guard Plus and amount by cash/cheque/Demand Draft/others _____ of amount of ₹ _____. 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 Premium is not received by us in full and in time and/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. If we do not accept the Proposal, we will inform you and refund any payment received from you without interest within next 15 days from the date of underwriting decision on the Proposal.

TATA AIG General Insurance Company Limited

Authorised Signatory



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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