

**ACCIDENT GUARD POLICY**  
**UIN: TATPAIP23087V032223**



**PROPOSAL FORM**

To help us serve you better, kindly ensure that the form is completely filled.  
(This Insurance does not commence until the Proposal is accepted and Premium is realized by TATA AIG General Insurance Company Limited)

**Personal Details (In Block Letters)**

POS PAN No.\*

Proposal No.

(Mandatory for POS Agent)

Self (Option) Name of the Insured	First Name	Middle Name	Surname
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	
Fax		E-mail	
Phone (O)		Mobile (R)	

**Personal Information** (Please tick wherever applicable)

Date of Birth (dd/mm/yyyy )		Gender	Male / Female
Marital Status	Married/ Single/ Others	Mobile	
Occupation	Service/Self-Employed	Nature of Occupation:	
PAN Card*	In absence of PAN Card please give form 60 details:	Masked Aadhaar No*	
E-Mail ID			

**Family (Option)**

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Name of the Spouse		Date of Birth	DD/MM/YYYY
First Child		Date of Birth	DD/MM/YYYY
Second Child		Date of Birth	DD/MM/YYYY
Third Child		Date of Birth	DD/MM/YYYY
Fourth Child		Date of Birth	DD/MM/YYYY

**Nominee Details:** Nominee should be an immediate relative of the Prospect / Persons to be Insured.

Sr. No.	Name of the Nominee	DOB*	Relationship with Proposer	Percent #	Email ID of Nominee	Contact of Nominee	Permanent Address	Present Address (If Permanent Address is different)
1		dd/mm/yyyy						
2								
3								
4								

\*If the Nominee is minor, Name and Address of Appointee and relationship with Minor

Appointee Name	Relationship with Nominee	Address

### Nominee Bank Details (Required for refund/claims)

As per Regulatory requirements, we can affect 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 nominee's bank account#

Name of account holder	
Name of the bank	
Branch Bank	

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Account No	
Bank IFSC code	
Account Type	SB Account / Current Account / Others (pls 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

**Additional Details**

1 Whether you are suffering / met with any illness / injury / disability Yes  No   
 If Yes, provide \_\_\_\_\_

2 Whether you have taken any personal Yes  No   
 If yes whether  Tata AIG General Insurance  Other (Please Specify) \_\_\_\_\_  
 Policy \_\_\_\_\_  
 Other \_\_\_\_\_

3) I hereby declare that my Gross Annual Income is (Rs '000): Rs. \_\_\_\_\_ and understand that the Sum Insured opted for will not be greater than 10 times / 20 times Gross Annual Income as applicable.

Max Sum Insured opted can be – \_\_\_\_\_

- i) in case of Salaried Person - Max 10 times of Income (as appearing in Form 16 / Salary slip / IT acknowledgement)
- ii) in case of Self-Employed Person - Max 20 times of Income (as appearing in IT acknowledgement / Audited P&L)

**PAYMENT DETAILS**

Payment Mode: Cheque \_\_\_ DD \_\_\_ Credit Card \_\_\_ (only Visa / Master Card accepted)  
 Cheque / DD No. Date \_\_\_\_\_  
 Bank Name Branch \_\_\_\_\_  
 Credit Card No. Expiry Date \_\_\_\_\_  
 PAN Card No. In the absence of PAN Card, please give details of any other authorized Photo ID  
 Photo ID Type Photo ID No. \_\_\_\_\_  
 Sources of funds: (please tick where applicable) Salary \_\_\_\_\_ Business \_\_\_\_\_  
 Others (Please specify) \_\_\_\_\_

**DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED**

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- I 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 am authorized 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 further declare that I 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 declare that I 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 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.
- I have understood the purpose of Aadhar authentication and hereby state that I have no objection in providing my Aadhar details.
- 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

Date: \_\_\_\_\_

Signature of the 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



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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

### 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 of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary with Code: \_\_\_\_\_

#### **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 Organization making the payment (Pls tick)**

- Limited company
- Government organization

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- Non-Governmental Organization (NGO)
- Society
- Trust
- Partnership
- International Organization
- Cooperatives
- Section 25 Company

**PAN Card Number:** \_\_\_\_\_ (in the absence of PAN Card, please give details of any other authorized photo identification card.)

Card Type \_\_\_\_\_ Number: \_\_\_\_\_

Sources of funds: (please tick where applicable) Salary \_\_\_\_\_ Business \_\_\_\_\_

Others (Please specify) \_\_\_\_\_

### Additional Information

(If there is space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Signature of Prospect / Proposer \_\_\_\_\_ Date \_\_\_\_\_

Intermediary Name \_\_\_\_\_ Intermediary Code \_\_\_\_\_

Signature of the Intermediary \_\_\_\_\_ Date \_\_\_\_\_

### 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.

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License No. (Intermediary/Corporate Agent/Broker/Relationship Officer) \_\_\_\_\_

Name of the specified Person and code \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

### Bank Details

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 (RGTS) / 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	
Account Type	<input type="checkbox"/> SB Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (please specify)
Account Number			
IFSC Code of Bank			

If the premium is not paid from the above mentioned account, then a cancelled cheque leaf of the above mentioned account to be attached.

#mandatory if annualized premium is more than Rs. 10,000

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

Specified Person Details SP Certificate No \_\_\_\_\_

SP Name \_\_\_\_\_

SP Signature \_\_\_\_\_

### SECTION 41 OF INSURANCE ACT 1938 (PROHIBITION OF REBATES)

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 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 prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.