


|                                                                                                      |                       |                                   |
|------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| <b>TATA AIG GENERAL INSURANCE<br/>COMPANY LIMITED</b>                                                |                       | <b>NAME OF BANK / POST OFFICE</b> |
| <br>WITH YOU ALWAYS | <b>LOGO OF SCHEME</b> | <b>LOGO</b>                       |

**CONSENT-CUM-DECLARATION FORM**

I hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of Tata AIG General Insurance Company Limited which will be administered by your Bank/Post Office under Master Policy No. \_\_\_\_\_ (To be pre-printed)

I hereby authorize you to debit my Account with your Branch with ₹20/- (Rupees twenty only), towards premium of accidental insurance cover@ of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability# due to accident<sup>5</sup>). I further authorize you to deduct in future after 25<sup>th</sup> May and not later than on 1<sup>st</sup> of June every year until further instructions, and amount of ₹20/- (Rupees twenty only), or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under scheme.

I have not authorized any other Bank/Post Office to debit premium in respect of this scheme. I am aware that in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs. Two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme.

I authorize the Bank/Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to Tata AIG General Insurance Company Limited.

**Notes:****@Insurance Cover:**

Claim of Rs two lakhs payable in case of total disability or death due to accident

Claim of Rs one lakh payable in case of permanent partial disability

**#Permanent Disability** means any of the following:

- Permanent Total Disability – Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot
- Permanent Partial Disability – Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot

**\$Accident** means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

**Risk cover will start from the date of auto-debit of premium from the account of the subscriber.**

|                                       |  |                                                         |  |
|---------------------------------------|--|---------------------------------------------------------|--|
| Name of the account holder**          |  | Father's / husband's name**                             |  |
| 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                                 |  | Mobile No. of the Account holder                        |  |
| Bank/Post Office Account No.**        |  | IFSC Code of Bank Branch**                              |  |
| Name of the KYC *document submitted   |  | KYC* Id number                                          |  |
| PAN Number, if available**            |  | AADHAAR Number, if available**                          |  |
| Date of birth **                      |  | E-mail Id**                                             |  |
| Whether suffering from any disability |  | If yes, details thereof                                 |  |

URN:AH/GPA-01

**Nominee Details**

Nominee should be an immediate relative of the Prospect / Person 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 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 nominee's bank account#

|                               |                                                            |
|-------------------------------|------------------------------------------------------------|
| <b>Name of account holder</b> |                                                            |
| <b>Name of the bank</b>       |                                                            |
| <b>Branch Bank</b>            |                                                            |
| <b>Account No</b>             |                                                            |
| <b>Bank IFSC code</b>         |                                                            |
| <b>Account Type</b>           | <b>SB Account / Current Account / Others (pls specify)</b> |

# In case there is more than one nominee then please provide the bank details of such nominees separately in the above format with this Enrolment Form

**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 authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company 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 anytime 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 insurance company 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 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 communication address as mentioned in this Enrolment Form
- I hereby provide my consent for deducting the premium amount from my bank account/Credit Card/any other mode as recognized by the Reserve Bank of India once the proposal is accepted by Tata AIG General Insurance Company limited.

**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

**Registered Office:** Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai- 400013,  
24x7 Toll Free No. 1800 266 7780 or 1800 22 9966 (Senior Citizen) | Visit us at [www.tataaig.com](http://www.tataaig.com)  
IRDA of India Registration No.:108 | CIN: U85110MH2000PLC128425

**Tata AIG General Insurance Company Limited**

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

I hereby enclose a copy of my \_\_\_\_\_ as proof of my identity (KYC\*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

\*Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

I hereby declare that the above statements are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.

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

**Signature** \_\_\_\_\_

\*\*Confirmed that the applicant's details and signature have been verified from the records available with this Bank / Post Office (or KYC document submitted\* by the applicant, in case it is not available with the bank / Post Office).

**Signature of the Bank / Post Office Official** \_\_\_\_\_

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

**(Rubber Stamp with bank /Post office branch name and 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.

**For Office Use**

|                                                   |  |                          |  |
|---------------------------------------------------|--|--------------------------|--|
| Name of Agent/<br>Banking<br>Correspondent's (BC) |  | Agency/BC Code<br>No.    |  |
| Bank A/c details of<br>Agent/BC                   |  | Signature of<br>Agent/BC |  |

**ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms. \_\_\_\_\_ holding Bank /Post Office Account No. \_\_\_\_\_ Aadhar No. \_\_\_\_\_ consenting and authorizing auto-debit from the specified Bank /Post Office account to join the Pradhan Mantri Suraksha Bima Yojana with Tata AIG General Insurance Company Limited for cover under Master Policy No. \_\_\_\_\_, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

**Signature of authorised official of Bank / Post Office** \_\_\_\_\_

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

**Office Seal** \_\_\_\_\_