

Secured Future Plan

UIN: TATPAIP23098V032223



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 cancellation of policy.
- Please fill-up this form in CAPITAL LETTERS

POS PAN no.* _____

Proposal Form Number _____

(Mandatory for POS Agents, wherever applicable)

Personal Details

Name of the Prospect / Person to be Insured:

Correspondence: _____

Area: _____ City/Town: _____ Pin-code: _____ District: _____ State: _____

Permanent Address: Same as Correspondence address:

Area: _____ City/Town: _____ Pin-code: _____ District: _____ State: _____

Phone (0) _____ (R) _____

Fax _____ Mobile _____

E-mail _____

Personal Information (Please tick where applicable)

Date of Birth dd/mm/yyyy

Male Female

Marital Status Married Single

Occupation: Salaried Self Employed Nature of Occupation

Masked Aadhar No. _ * _____

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:

Tata AIG General Insurance Company Limited

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 229966 (For Senior Citizens) | Email: customersupport@tataaig.com

Website: www.tataaig.com | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425 | UIN: TATTIOP24053V042324 | URN: AH/IPA-03_01

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Appointee Name	Relationship	Address of the Appointee

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#.

Name of account holder	
Name of the bank	
Branch Bank	
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

Policy Details (please encircle below)

Silver Plan	Payout Period (Months)			
	60	120	180	240
	Annual Premium Amount (Rs.)			
Benefit per month (Rs.)				
10000	966 <input type="checkbox"/>	1,840 <input type="checkbox"/>	2,692 <input type="checkbox"/>	3,540 <input type="checkbox"/>
15000	1,379 <input type="checkbox"/>	2,692 <input type="checkbox"/>	3,965 <input type="checkbox"/>	5,338 <input type="checkbox"/>
20000	1,840 <input type="checkbox"/>	3,540 <input type="checkbox"/>	5,338 <input type="checkbox"/>	7,071 <input type="checkbox"/>

Gold Plan	Payout Period (Months)			
	60	120	180	240
	Annual Premium Amount (Rs.)			
Benefit per month (Rs.)				
25000	2,336 <input type="checkbox"/>	4,460 <input type="checkbox"/>	6,707 <input type="checkbox"/>	9,081 <input type="checkbox"/>
30000	2,762 <input type="checkbox"/>	5,408 <input type="checkbox"/>	8,194 <input type="checkbox"/>	11,349 <input type="checkbox"/>
35000	3,185 <input type="checkbox"/>	6,275 <input type="checkbox"/>	9,742 <input type="checkbox"/>	13,435 <input type="checkbox"/>

Premium chart (inclusive of 18% GST)

Policy Period : From _____ To _____
 Premium Amount - Rs. _____ Plan Silver Gold
 Payout Period _____ months. Benefit Per Month Rs _____

Additional Details

- Whether you are suffering/met with any illness/disability in the last 5 years : Yes No
If Yes, provide details :
- Whether you have taken any personal accident policy. Yes No
If yes whether from Tata AIG General Insurance Company Limited Other (Please Specify Name)
Policy Number _____ Other details: _____

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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. (see overleaf for details)

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 _____

(Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only)

Credit Card No. _____ Expiry Date _____

Photo ID Type _____ Date: _____

PAN Card No.*

In absence of Pan Card, please give Form 60:

Sources of Funds:

Salary Business Others (Please specify) _____

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 receipt 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 hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ 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 to any other person in connection with the proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement
- I authorize Tata AIG General Insurance Company Limited and associate partners to contact me via e-mail, phone or SMS.

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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

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

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 Proposer:

Name & Signature of agent/intermediary:

Date:

Signature of Proposer:

Code:

Place:

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.

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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:

Corporations: Governments: Non Governmental Organizations: Society:
Trust: Partnership: International Organization: Cooperatives: Section

25 Company:

PAN Card No.*

In absence of Pan Card, please give Form 60:

Sources of Funds:

Salary Business Others (Please specify) _____

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

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 Proposer: _____

Name & Signature of agent/intermediary: _____

Code: _____

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

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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: dd/mm/yyyy

Signature of Agent: _____

Bank Details (Required For Refund/Claims):

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	
Branch	
Account No.	
IFSC Code of Bank	
Type of Account	Savings Bank _____ Current Account _____ Others (Please Specify) _____

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 _____

Prohibition of Rebates - Section 41 of the 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 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

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Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.

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.

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