

Proposal Form

(Please fill the form in capital letters and to help us serve you better, kindly ensure that the form is completely filled.)

POSP/Agent/Intermediary Name	
POSP/Agent/Intermediary Code/License No.	
POSP/Agent/Intermediary Contact No.	
POSP PAN No.	
Policy Issuing Office	
Policy Servicing Office	
Proposal No.	

1. This is Proposal for Insurance and Commencement of Risk under this Proposal is subject to acceptance of risk by us and receipt of premium by us.
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 or incorrect information may lead to rejection of the Proposal.

Proposer's Details:

Name of the Proposer			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other _____
Date of Birth (DD/MM/YYYY)		Mobile No.	
E-Mail ID			
Communication Address			
Pin Code		Tel. with Area Code in India	
Permanent Address			
Pin Code		Tel. with Area Code in India	
Contact No.			

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Sources of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others (Please specify) _____
PAN Card No.*	
In absence of Pan Card, please give Form 60.	
GSTIN	

Policy Details:

Proposed Policy Period (Period of Insurance): From: _____ To: _____	
Trip Start Date (Departure Date)	<<DD/MM/YYYY>>
Purpose of Trip	<<Business/Personal/Education>>
No. of Travel Days	
Place of Origin	
Place of Destination	

Plans:

Sr. No.	Plans	Covered Journey	Tick Against the Plan Opted
1.	Plan A - Coverage for travel through Taxi Cab/Bus within 100 km from Place of Origin.	A single journey from Place of Origin to Place of Destination	<input type="checkbox"/>
2.	Plan B - Coverage for travel through Taxi Cab/Bus more than 100 km from Place of Origin.		<input type="checkbox"/>
3.	Plan C - Coverage for Train Travel (only for Reserved Tickets) with no restrictions on distance.		<input type="checkbox"/>
4.	Plan D - Coverage for Air Travel with no restrictions on distance.		<input type="checkbox"/>
5.	Plan E - Return travel via any one or multiple modes of transport such as Taxi Cab, Bus, Train, Ship or Air Travel with no restrictions on distance.	Coverage from Place of Origin till return to Place of Origin/Place of Residence	<input type="checkbox"/>

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Coverage:

Sr. No.	Base Covers	Sum Insured
1.	<p>Hospitalisation Expenses Due to Accident</p> <p>Sub-Limits</p> <p>1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the Sum Insured subject to maximum of ₹10,000/- per day.</p> <p>2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital / Nursing Home up to 4% of the Sum Insured subject to maximum of ₹20,000/- per day.</p>	<p>Min: ₹1Lakh; Max: ₹10 Lakhs (In multiples of ₹50,000)</p> <p>—————</p>
2.	Accidental Death	<p>Min: ₹1 lakh for adults; Max: ₹1 Crore per person. (In multiples of ₹1,00,000)</p> <p>—————</p>
3.	Permanent Total Disability (PTD)	As per Accidental Death Cover
4.	Repatriation of Mortal Remains	<p>Min: ₹20,000; Max: ₹1lakh (In multiples of ₹20,000)</p> <p>—————</p>
5.	Automatic Trip Extension	Not Applicable

Sr. No.	Optional Covers	Do You Want to Opt for the Cover?	Sum Insured (In ₹)
1.	Compassionate Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Min: ₹10,000; Max: ₹1 Lakh (In multiples of ₹10,000)</p> <p>—————</p>
2.	Missed Connection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Min: ₹2500; Max: ₹50000 (In multiples of ₹2,500)</p> <p>—————</p>

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3.	Loss Of Checked-In Baggage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Min: ₹2000; Max: ₹20000 (In multiples of ₹2,000) _____
4.	Trip Delay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Min: ₹500; Max: ₹5000 (In multiples of ₹500) _____
5.	Carrier Cancellation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Min: ₹2500; Max: ₹50000 (In multiples of ₹2,500) _____
6.	Trip Cancellation & Interruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	Min: ₹20000; Max: ₹100000 (In multiples of ₹5,000) _____

*All base covers are mandatory covers, Optional Covers can be opted as per the requirement.

Insured Persons' Details:

Sr. No.	Name	Gender	Relationship with the Proposer*	Date of Birth	Completed Age	Address (If Different from Proposer)	Disabilities (If Any)	Nominee
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				

Nominee Name	Date of Birth	Completed Age	Relationship with Insured Person	Address
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			
	DD/MM/YYYY			

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 Toll free No.: 1800 266 7780/1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
 IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • URN No.: AH/IDT-02_01
 Bharat Yatra Suraksha, TATA AIG General Insurance Company Limited UIN: TATTIDP22101V012122

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

Appointee Name	Relationship	Address of the Appointee

Proposer's Bank Details:

Name of the Bank Account Holder	
Name of the Bank	
Branch	
Bank Account No.	
Account Type	<input type="checkbox"/> Savings Bank Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	
IFSC Code (11 character code appearing on your cheque leaf)	

(I understand that any refund due on the premium payment to be directly credited to my aforesaid Bank Account.)

Premium Payment Details:

Payment by	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> UPI <input type="checkbox"/> Wallet <input type="checkbox"/> NEFT <input type="checkbox"/> IMPS <input type="checkbox"/> Cash
Amount	
Amount in Words	
Bank Name	
Cheque No./DD No.	
Name of the Cardholder	
Cheque/DD Date	
Name of the Premium Payer	
Details of NEFT/IMPS/UPI/Wallet	

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In case of payment made through Cheque/DD then please issue an A/c payee instrument in favour of "TATA AIG General Insurance Company Limited"

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.

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

- 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 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 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 to any other person in connection with the Proposal for the sole purpose of Underwriting, Policy Servicing and/or claims servicing & settlement.
- I understand and agree that I will receive the policy documents only in electronic form through E-mail/WhatsApp/SMS, as per details mentioned above.
- 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:** _____

Name & Signature of Agent/Intermediary: _____

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Declaration/Vernacular Declaration:

The content of this form along with product benefits, terms and 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 Proposer: _____

Name & Signature of Agent/Intermediary with Code: _____

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: _____

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.

Additional Information:

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

Signature of Proposer: _____

Date: _____

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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: _____

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.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Acknowledgement (To Be Given To Customer):

Application Number: _____

Name of the Proposer: _____

Date: _____

We acknowledge with thanks the receipt of your proposal for Bharat Yatra Suraksha, TATA AIG General Insurance Company Limited and amount by 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 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 Pre-Policy checkup and/or 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.

TATA AIG General Insurance Company Limited



Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/policy wordings on www.tataaig.com carefully, before concluding a sale. The trade logo displayed above belongs to TATA Sons Private Limited and AIG and is used by TATA AIG General Insurance Company Limited under License.

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