

Proposal Form

(Please write in BLOCK letters and use black ink. To help us serve you better, kindly ensure that the form is completely filled.)

POS PAN No.* (Mandatory for POS Agents, Wherever Applicable)	
Proposal Form No.	

Branch/Office Code	Policy Issuing Office	Policy Servicing Office

Intermediary/ Agent Name	Intermediary/Agent Code	Intermediary/ Agent Contact No.

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 risk 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, incorrect or partially correct answers may lead to rejection of the Proposal Form and also might lead to cancellation of the Policy.

Proposer Details:

Name of the Proposer	
Date of Birth (DD/MM/YYYY)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
PAN Card No.*	

*In absence of PAN Card, please give Form 60:

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/2022-23/RT-02 (Internal Use Only) • TATA AIG Travel Insurance - International Plus UIN: TATTIOP25045V022425

Correspondence Address:

Correspondence Address			
Area		City/Town	
PIN Code		District	
State			

Permanent Address: Same as Correspondence Address:

Permanent Address			
Area		City/Town	
PIN Code		District	
State			

Tel. with Area Code in India			
While Overseas		Email	

Employee Details / No.	
Employee Email ID	

Do/Did you have any Retail International Travel or Health or Motor Policy with us in the immediately preceding one year*.

If so, please provide Policy Number and Policy Period for Loyalty Discount_____

Sources of Funds	<input type="checkbox"/> Salaried	<input type="checkbox"/> Business	<input type="checkbox"/> If others, please specify details_____
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Travel Details:

Purpose of Visit	<input type="checkbox"/> Personal <input type="checkbox"/> Business			
Trip Is	<input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide Excluding USA and Canada <input type="checkbox"/> Schengen Countries			
Departure From India	DD/MM/YYYY	Return to India	DD/MM/YYYY	No. of Days
Country(ies) of Visit				
Flight Details				

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Details of Persons proposed for Insurance:

Sr. No.	Name	Sex	Date of Birth	Passport No.	Aadhar Card/ PAN Card Details	Relation with Proposer	Pre-Existing Condition (YES/NO)	Pre-Existing Conditions (If, Yes)	Suffering since (If yes to Pre-Existing Condition)	Residential Address (If Not Same as Proposer)	Plan
1.							<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No				
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No				
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No				
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No				
6.							<input type="checkbox"/> Yes <input type="checkbox"/> No				

Nominee Details:

Nominee should be an immediate relative of the Prospect/Person to be Insured.

Sr. No.	Name of the Nominee	Date of Birth*	Relationship with Proposer	Percent [#]	Email ID of Nominee	Contact No. 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						

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

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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#

Name of Account Holder	
Name of the Bank	
Branch Bank	
Account No.	
Bank IFSC code	
Account Type	<input type="checkbox"/> Savings Bank Account <input type="checkbox"/> Current Bank 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

Note:

Please note the following:

- The Sublimits are applicable for the Age of 56 years onwards as per table below. You can opt for plans with no Sublimits (Except Titanium and Titanium Plus) by paying additional Premium.
- The Sublimits are applicable for same illness/injury in case of Hospitalisation, Day Care Treatment and OPD treatment.
- The Sublimits under this benefit are not applicable for plans of Schengen Countries (Plans where Schengen Countries are mentioned in Geographical Scope):
 - Plan:
 - a. Individual / Family
 1. The maximum persons that may be covered under a Policy shall be 6.
 2. Family means the Prospect/Person to be Insured and/or the Prospect/Person to be Insured's Spouse and/or, the Prospect/Person to be Insured's Eligible Children and/or, Prospect/Person to be Insured's parents and parents-in-law.

3. Eligible Children refer to named dependent children including adopted and step children of the Prospect/Person to be Insured between Ages three (3) months and twenty five (25) years who are unmarried, who permanently reside with the Prospect/Person to be Insured, and receive the majority of maintenance and support from the Prospect/Person to be Insured.

b. Single Trip / Annual Multi Trip:

c. If Multi-Trip, please provide No of days required (30/45/60/90/120/150/180 days) _____ Days

d. With Sub-Limits / Without Sub-Limits: _____

e. Plan Required: _____ Silver/ Silver Plus/ Silver Plus – Plan A / Silver Plus – Plan B/Gold/ Gold – Plan A / Gold – Plan B/ Platinum/ Platinum – Plan A / Platinum – Plan B/ Titanium / Titanium Plus / Instant Gratification / Copper / Senior/ Senior Plus/ Super Senior.*

f. Add-On Bundle: Cruise Bundle/Travel Plus Bundle/Accident Bundle (You can opt one or more as per requirement).*

g. Optional Assistance Services: Yes No _____ If yes, Care At Home / Automated Luggage Tracking Service/ Lost and Found Passport Service.

*For more details on the Plans please refer Annexure I below in the Policy Wording.

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)	

*Please fill an auto debit form for deduction of amount towards premium payment from bank account (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
Amount	
Amount in Words	
Bank Name	
Name of the Cardholder	
Cheque No./DD No.	
Cheque/DD Date	
Name of the Premium Payer	
Details of NEFT/IMPS/UPI/Wallet	

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 annualised premium is more than ₹10,000.

9. 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.

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- I/We authorise 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.
- The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I have understood these and confirm to abide by the policy terms & conditions.
- 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.

Signature of Proposer: _____

Name & Signature of Agent/Intermediary: _____

Code: _____

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: _____

Place: _____

Signature of the Representative: _____

Signature/Thumb Impression of the Proposer/Primary Insured: _____

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.

Nationality:

Indian Non-Indian If Non-Indian, please specify Country: _____

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Type of Organisation Making the Payment (Please Tick):

- | | |
|--|--|
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Government Organization |
| <input type="checkbox"/> Society | <input type="checkbox"/> Trust |
| <input type="checkbox"/> International Organization | <input type="checkbox"/> Cooperatives |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Section 25 Company |
| <input type="checkbox"/> Non-Governmental Organization (NGO) | |

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: _____

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 Intermediary: _____

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12. 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.

Acknowledgement (To Be Given To Customer):

Application No.: _____

Name of the Proposer: _____

Date: _____

We acknowledge with thanks the receipt of your Proposal for TATA AIG Travel Insurance - International Plus 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 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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