

5. ANY OTHER PERSONAL ACCIDENT POLICY DETAILS

Is the proposer or any of the persons proposed, already Insured under a personal accident plan with Tata AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for Policy issuance? If yes, please indicate the Policy/ Application number(s): _____

Policy No.	Name of Insured Person	Insurer	Sum Insured (Rs)	Claims lodged during the preceding years

6. MEDICAL AND DISABILITY DETAILS (Medical History) :

Please answer the below mentioned questions individually in Yes (Y) / No (N): You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person						
	1	2	3	4	5	6	7
History of any illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

7. PAYMENT DETAILS

Name of the Premium Payer :

Relationship with the proposer : Premium Amount (in Rs.)

Instrument type : Cash Cheque Debit Card Credit Card Others _____ Sources of funds : Salary Business Others _____

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

Bank Details

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:

Type of Account: SB Account Current Account Others (please specify) _____

Account Number :

IFSC Code of Bank:

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 Rs.10,000

8. 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: _____

9. 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: _____

10. AML guidelines:

- I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
- I understand that the Company has the right to call for documents to establish sources of funds.
- The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

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

Type of Organization making the payment (Pls tick)

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

11. 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 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 authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I have understood the purpose of Aadhar authentication and hereby state that I have no objection in providing my Aadhar details.
- I hereby declare that I am a Salaried / Self Employed person & my Gross Annual Income is (Rs '000) : Rs _____
 I understand that the Sum Insured opted for will not be greater than 10 times / 20 times Gross Annual Income as per below:
 - In case of Salaried Person – Max 10 times of Income (as appearing in Form 16/ Salary Slip/ IT acknowledgement)
 - In case of Self – Employed Person – Max 20 times of Income (as appearing in IT acknowledgement / Audited P&L)

GoGreen: I would like to protect my environment and would like to help save paper by authorizing Tata AIG General Insurance Company Limited to send all my policy and service related communication to the email id as mentioned in this application form.

Date: _____

Signature of the Proposer: _____

12. FOR OFFICE USE ONLY

Tata AIG Office Code : _____

Intermediary Code and Name: _____

Branch Receipt Date: _____

Channel Type: _____

Business Type: Urban/ Rural/ Social : _____

Customer ID : _____

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.

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013
 Toll Free No. (24x7): 1800 266 7780 or 1800 229966 (For Senior Citizens) • Fax: 022 6693 8170 • Email: customersupport@tataaig.com
 IRDA of India Registration No: 108 • Website: www.tataaig.com • CIN: U85110MH2000PLC128425 | UIN: TATPAIP21187V022021
 Ver: TA/RPA/PF/V1.0/Sept20

Accident Guard Plus - UIN: TATPAIP21187V022021



Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

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

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.



ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Application Number: _____ Date: _____ Name of the Proposer _____

We acknowledge with thanks the receipt of your application for Accident Guard Plus and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____. 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 premium is not received by us in full and in time and/or non-fulfillments of 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. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days from the date of underwriting decision on the proposal.