



Proposal Form

(please fill the form in BLOCK Letters)



My mailing address is Correct Incorrect
If *Incorrect*, Please fill in you correct mailing address.

Address : _____

City : _____ Pin : _____ State : _____

OTHER IMPORTANT DETAILS

Marital status : Single Married Gender : M F
Tel (O) : _____ Tel (R) : _____
Mobile : _____ Occupation : _____
E-mail : _____

STEP 1 BENEFIT PLAN

Please ✓ the appropriate boxes to indicate the level of cover and the person(s) who is (are) to be covered.

BENEFIT PLAN	Level 1	Level 2	Level 3	Level 4	Level 5
Sickness Hospital Cash (per day)	500	1,000	2,000	3,000	5,000
Accident Hospital Cash (per day)	1000	2,000	4,000	6,000	10,000
Accident Medical Expenses Reimbursement upto	5000	10,000	15,000	20,000	25,000
PREMIUM					
SELF	748	1,482	2,821	4,162	6,711
FAMILY	2,355	4,669	8,889	13,108	21,139

Fig. in Rs. Premium inclusive of applicable service tax. Waiting period of 90 days for Sickness Hospital Cash. Hospitalization upto 180 days covered. Deductible :1 day for Sickness Hospital Cash, nil for Accident Hospitalable cash and 5% off benefit amount for Accident Medical expense reimbursement Coverage : Self-100%, Spouse-100%, Dependent children-50%.

STEP 2 : DETAILS OF PERSONS TO BE INSURED

Yes ! I would like to cover the following members of my family (Please fill in only for those members being covered)

First Name	Surname	Date of Birth	Nominee Name* +	Relationship (with the insured)
Insured 1 _____	_____	D D M M Y Y _____	_____	_____
Insured 2 _____	_____	D D M M Y Y _____	_____	_____
Insured 3 _____	_____	D D M M Y Y _____	_____	_____
Insured 4 _____	_____	D D M M Y Y _____	_____	_____

*In case the nominee is a minor, please provide the name of the guardian too.

STEP 3 : PAYMENT MODE (Please ✓ the appropriate box)

Cheque Demand Draft Name of Bank : _____ Branch : _____
Cheque/Demand Draft No.: _____ Date : Payable in favour of Tata AIG General Insurance Company Ltd.
 Credit Card No. : _____ Expiry Date :
(*only Visa/Master card accepted)
 ECS Name of Bank : _____ Branch : _____
A/c holder Name : _____ Holder Name (If any) _____ A/c No. _____
A/c Type Savings Current Overdraft A/c Operation Single Joint
9 digit MICR code (Indicated on the cheque leaf)

Easy Renewal Code ! Tick here for hassle free renewal year after year (for credit card payments only)

Note : The Policy is valid subject to the realization of the amount of premium by the company. In the event of non- realization of the cheque or non- receipt of the amount of premium by the company where payment be made by any of credit card for any reason whatsoever, the policy shall be deemed cancelled 'ab-initio' and company shall not be responsible for any liabilities of whatsoever nature.

STEP 4 : MEDICAL DECLARATION

1. Have you received any advice/treatment/consultation for any medical condition in the last 5 years : Yes No If yes, please specify details of Treatment, Institution and Doctor (Identify per family member)

Member	Treatment	Institution	Doctor (Name and contact No.)
You			
1			
2			
3			

2. I am/we are presently taking specific medication: Yes No If yes, please name the prescribed medication you are taking (identify per family member)

	You	Member 1	Member 2	Member 3
Prescribed medication				
Time (since)				

STEP 5 : HEALTH & DATA DECLARATION

This Policy does not cover pre-existing medical conditions that are declared or undeclared. In the event of a claim, in order to determine eligibility for benefit payments under the Policy, I/We authorize any hospital, medical care, institution, physician, medical professional, pharmacy or insurers to furnish to Tata AIG General Insurance Company Ltd. or its representatives any and all medical information or records with respect to any injury or sickness suffered by the person whose death, injury, sickness or loss is the basis of a claim against the Policy. *I/We understand that this authorization is valid during the pendency of the claim until all issues with regard thereto have been definitively resolved, either extra judicially or judicially.* I/We have read the Policy Prospectus and am/are willing to accept the insurance coverage, subject to all terms, conditions and exclusions described in that Policy Prospectus.*I/We hereby declare and warrant that all of the statements in this and in the preceding paragraphs are true and complete. If it is found that the answers or particulars stated in this Proposal Form and Medical Declaration are incorrect or untrue in any respect. *I /We hereby acknowledge that the insurance company shall incur no liability for any insurance coverage. *I/We understood the terms & conditions of this insurance and agree that the insurance would be effective only on acceptance of this application by the company and the payment of the premium by me / us. *I/We further understand that the policy has a waiting period of 90 days, during which time if I am diagnosed with or receive Treatment, I will be unable to claim against the policy I am purchasing. In the event this occurs Tata AIG will return any premium paid by me (up to maximum of 12 months premium after deducting Rs. 99) and assume no further liability.

Signature of the Applicant : _____

Date :

INSURANCE ACT 1938 Section 41 Prohibition of Rebates : 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 prospectus or tables of the Insurer. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHED WITH A FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

Tata AIG General Insurance Company Ltd.

Regd. Office : Peninsula Corporate Park, Nicholas Piramal Tower, 9th floor, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

For more information, call Tata AIG Toll-free 24-hour Helpline at 1-800-119955. Visit us at: www.tata-aig.com

Insurance is the subject matter of solicitation