

To help us serve you better, kindly ensure that the form is completely filled
(This Insurance does not commence until the proposal is accepted and premium is realized by Tata AIG General Insurance Company Limited)

Proposal Details (In block letters)

Form Number

Intermediary Name

Intermediary Code

Payment / Insurance Details

Policy Number

Payment Mode : Cheque ☐ DD ☐ Cash ☐

(Payable to Tata AIG General Insurance Company Ltd.)

Cheque / DD No.

Date:

Bank Name

PAN Card No.

Deposit Slip No.

In the absence of PAN Card, please give details of any other authorized photo identification card.

Photo ID type Number : Sources of funds
(please ✓ where applicable)Salary ☐ Business ☐Other (Please specify)

Insurance Plan Requested

With Sublimit ☐Without Sublimit ☐

Single Trip:

Silver ☐Silver Plus ☐Gold ☐Platinum ☐Senior Plan ☐

Annual Multi Trip:

Gold ☐Platinum ☐Any Single Trip not exceeding 30 Days ☐Any Single Trip not exceeding 45 Days ☐

1) I understand that sub limits will apply on Accident & Sickness Medical Expense Reimbursement cover for Insured persons above 56 years of age, if opted for "With Sub Limits Plan". 2) Under Annual Multi Trip, entry age is up to 70 years. Renewals are applicable beyond age 71 years and policy terms / conditions shall commence only in case of renewals.

Travel Details

Your Trip includes

Including Americas ☐Excluding Americas ☐

Places of Travel

1.

2.

3.

Departure from India:

Return to India:

Number of days

Purpose of visit

Leisure ☐ Employment ☐ Business ☐ Study ☐ Others

Personal Details

Insured Name Mr./Ms.

First Name

Last Name

Date of Birth

 Male ☐Female ☐

Passport No.

Name of the organization

Nominee Name

Relationship with insured

Residential Address

City

State

PIN

Tel. with area code: In India

While Overseas

E-mail

Additional Insured Family Members (Spouse, dependent children & his/her dependant, Parents)

Sr. No.	Name	Sex	Date of birth	Passport No.	Nominee Name	Relationship
1		M F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2		M F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3		M F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
4		M F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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 DETAILS (NAME/CONTACT NUMBER/ADDRESS)
You			
1			
2			
3			
4			
5			
6			

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)

MEMBER	PRESCRIBED MEDICATION	TIME (SINCE)
You		
1		
2		
3		
4		
5		
6		

3. I am/we are covered under a domestic and overseas medical cover : Yes ☐ No ☐
If yes, please specify name, address and policy number of the insurance company.

Name	Policy No.	Insurance Company	Address

4. Family Doctor Name (1) _____ Contact Tel No. _____
(2) _____ Contact tel. No. _____

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 doctor or from 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 pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

Date :

Place : _____ Signature of Proposer: _____

AML Guidelines

1. 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.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. 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

Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐
Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Company ☐

Signature of the Proposer _____

Date

Section 41 of Insurance Act 1938 (Prohibition of rebates)

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 punishable with fine which may extend to five hundred rupees.

Insurance is the subject matter of the solicitation, Commencement of risk cover under the policy is subject to receipt and realization of payable premium by Tata AIG General Insurance Company Limited. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

Tata AIG General Insurance Company Limited

Registered Office : Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

IRDA Registration No.: 108 CIN: U85110MH2000PLC128425 Toll Free Helpline No. 1800 266 7780 • Visit us at www.tataaiginsurance.in