

## **Proposal Form**



To help us serve you better, kindly ensure that the form is completely filled

(This Insurance does not o	commence until the proposal is accepted and premium is realized by Tata AIG General Insurance Company Limited)					
Proposal Details (In block let	tters) 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: D D M M Y Y Y Y					
Bank Name	Deposit Slip No					
PAN Card 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 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 Insure					
	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.					
Fravel Details						
Your Trip includes	Including Americas Excluding Americas					
Places of Travel	1.					
	2.					
	3.					
	Departure from India: D D M M Y Y Y Y					
	Return to India:  D D M M Y Y Y Number of days					
Purpose of visit	Leisure Employment Business Study Others					
Personal Details						
Insured Name Mr./Ms.						
moured reame withwis.	First Name Last Name					
Date of Birth	D D M M Y Y Y Male 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 Ins	sured Family Members (Spouse, dependent children & his/her dependant, Parents)					
Sr No Name	Say Date of hirth Passnort No Naminee Name Relationship					

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

Sr. No. Name Sex Date of birth Passport No. Nominee Name Relationship

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			Doctor (Identify per family me		
Member	Treatme	nt	Institution	DOCTOR DETAILS	\DDBECC\
You				(NAME/CONTACT NUMBER/A	ADDRESS)
1					
2					
<u>3</u> 4					
5					
6					
<ol><li>I am/we are presently If yes, please name the</li></ol>			king (Identify per family memb	Yes	No
MEMBER		PRESCRIBED MEDICATION		TIME (SINCE)	
You					
	1				
	3				
	4				
	5				
	6				
<ol> <li>I am/we are covered used if yes, please specify remaining</li> </ol>			lical cover : f the insurance company.	Yes	No
Name	Policy No	).	Insurance Company	Address	
4. Family Doctor Name	` '			Contact Tel No	
	(2)			Contact tel. No	
DECLARATION & WARRANT	TY ON BEHALF OF ALL	PERSONS PR	OPOSED TO BE INSURED :		
☐ I/We hereby declare, on my	behalf and on behalf of a	II persons prop	osed to be insured that the above	statements, answers and/or particulars	given by me
I/We hereby declare, on my are true and complete in al	behalf and on behalf of all respects to the best of m	ll persons prop ny knowledge	osed to be insured that the above and that I/We am/are authorized to	propose on behalf of these other pers	given by me
☐ I/We hereby declare, on my are true and complete in al☐ I understand that the infor Insurance company and th	behalf and on behalf of all respects to the best of mation provided by me wat the policy will come int	II persons prop ny knowledge vill form the ba o force only al	osed to be insured that the above and that I/We am/are authorized to asis of insurance policy, is subject ter full receipt of the premium ch	o propose on behalf of these other pers t to the Board approved underwriting argeable.	given by me sons. policy of the
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## Section 41 of Insurance Act 1938 (Prohibition of rebates)

UIN: IRDA/NL-HLT/TAGI/P-T/V.III/35/14-15

Signature of the Proposer

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 AlG 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**

Date D D M M Y Y Y Y