



**Additional Details**

- 1) Whether you are suffering/met with any illness/injury/disability in the last 2 years : Yes  No   
If Yes, provide details : \_\_\_\_\_
- 2) Whether you have taken any personal accident policy. Yes  No   
If yes whether from  Tata AIG  Other (Please Specify Name) \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Other details: \_\_\_\_\_
- 3) I hereby declare that my Gross Annual Income is ( Rs '000): Rs. \_\_\_\_\_ and understand that the Sum Insured opted for will not be greater than 10 times / 20 times Gross Annual Income as applicable.\* (see overleaf for details)

**Payment Details**

Premium Amount: Rs. \_\_\_\_\_ Cheque  Demand Draft

Cheque/Demand Draft No.: \_\_\_\_\_ (Payable in favour of Tata AIG General Insurance Company Ltd.) Date: 

D	D	M	M	Y	Y	Y	Y
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Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

**Credit Card\***

Credit Card No.: \_\_\_\_\_ Expiry Date: 

M	M	Y	Y	Y	Y
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**Transaction Code**

**\*\*For credit card payment:** 1) Only Visa/Master Card accepted. 2) Photocopy of front and back of the credit card has to be attached along with the application form.

PAN card Number : \_\_\_\_\_ in the absence of PAN Card, please give details of any other authorized photo identification card.

Card Type \_\_\_\_\_ Number : \_\_\_\_\_

Sources of funds (please ✓ where applicable) : Salary  Business  Other (Please specify) \_\_\_\_\_

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 Limited 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 the terms, conditions and exceptions 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 have understood the term & 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 premium by me/us in advance.

This Policy is valid subject to the realisation of the amount of premium by the Company. In the event of non-realisation of the Cheque or non-receipt of the amount of premium by the Company where payment has been made by way of credit card for any reason whatsoever, the Policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature.

\* Max Sum Insured opted can be -

- i) in case of Salaried Person - Max 10 times of Income (as appearing in Form 16 / Salary slip / IT acknowledgement)  
ii) in case of Self-Employed Person - Max 20 times of Income (as appearing in IT acknowledgement / Audited P&L)

**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.

Signature of Insured Person / Proposer \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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Producer's Name \_\_\_\_\_

Producer's Code

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Signature of the Producer \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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**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.

Insurance is the subject matter of the solicitation. 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 Corporate Park, Piramal Tower, 9th Floor, G.K. Marg, Lower Parel, Mumbai – 400013.  
Toll Free Nos. 1800 266 7780 / 1800 11 99 66\* (\* From MTNL / BSNL Lines Only) Visit us at [www.tataaiginsurance.in](http://www.tataaiginsurance.in)