





**Section D : Name, address, qualification and contact details of the family doctor, if any**

Name																																				
Address																																				
Qualification																Tel.	O	S	T	D	-															
Mobile																E-mail																				

Section E: Does any person proposed to be Insured smoke or consume gutkha / pan masala or alcohol? If yes, please indicate the name and quantity per week.	Alcohol	Smoke	Pan Masala	Others
Insured 1				
Insured 2				
Insured 3				
Insured 4				
Insured 5				
Insured 6				
Insured 7				

Section F: In respect of any of the persons proposed to be insured : Please <input checked="" type="checkbox"/> in the relevant box	Insured 1		Insured 2		Insured 3		Insured 4		Insured 5		Insured 6		Insured 7	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Has any application for life, health, hospital daily cash, critical illness or cancer insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?														

**8. Payment Details**

Name of the Premium Payor																																								
Amount (in Rs.)											Please make a Crossed Cheque / DD / Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.																													
Instrument type	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/>										Credit Card <input type="checkbox"/> Others : _____																													
Cheque / DD No.											Date <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>										D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y																																	
Bank Name											Branch <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																													
Credit / Debit Card No.											Expiry Date <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>										D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y																																	
Sources of funds : (Please tick where applicable)	Salary <input type="checkbox"/>										Business <input type="checkbox"/>										Other : _____																			

**I. Section 41 of Insurance Act 1938 (Prohibition of Rebates) :**

- a. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 prospectus or tables of the insurers.
- b. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

**II. AML guidelines :**

- a. 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.
- b. I understand that the Company has the right to call for documents to establish sources of funds.
- c. 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

**Any Additional Information**

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

**III. GENERAL EXCLUSIONS ( Under the Policy ) For more details please refer to the Policy Wordings**

The following is an outline of the general exclusions under the policy. For more details on the exclusions and the waiting periods please refer to the policy wordings before purchasing this policy.

30 days waiting period in the first year and is not applicable in subsequent renewals, War or any act of war, invasion, act of foreign enemy, war like operations, nuclear weapons / materials radiation of any kind, committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane, participation or involvement in naval, military or air force operation or any hazardous or dangerous or adventurous activities including but not limited to racing, driving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services or supplies, treatment of obesity or any weight control program, psychiatric, mental disorders, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), congenital internal or external diseases, genetic disorders, stem cell implantation or surgery or growth hormone therapy, sleep apnoea, venereal disease, sexually transmitted disease, "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), sterility / infertility treatment of any type, pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness) except in the case of ectopic pregnancy, treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities, dental treatment unless requiring hospitalization, treatment of nasal concha resection, circumcisions unless necessitated by illness or injury and forming part of treatment, laser treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments, plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment for reconstruction following an Accident, Cancer or Burns, experimental, investigational or unproven treatment devices and pharmacological regimens, measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment, convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care, all preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment), any non allopathic treatment, enteral feedings and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim, charges related to a Hospital stay not expressly mentioned as being covered, items of personal comfort and convenience, vitamins and tonics, treatments rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed, treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, costs of any procedure or treatment by any person or institution that we have told you (in writing) is not to be used, the provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products, any treatment or part of treatment that is not of a reasonable cost, not medically necessary; drugs or treatment which are not supported by a prescription, artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment.

**IV. Coinsurance option** (Please  in the relevant box)

- I agree to exercise Coinsurance option with Tata AIG General Insurance Company Ltd. (Lead insurer) and Apollo Munich Health Insurance Company Ltd (Co-Insurer).
- I do not require a Coinsurance option
- I agree to exercise Coinsurance option with Tata AIG General Insurance Company Ltd. (Lead insurer) and \_\_\_\_\_ (Co-Insurer).  
Notwithstanding the role and liability of the co-insurer in terms of the above co-insurance arrangement, for the avoidance of doubt, it is hereby declared that the Lead Insurer is the Insurer for all Policy purposes including but not limited to the collection of premium, policy administration, notices, claims decisions, and the payment of claims.

**V. Declaration & warranty on behalf of all persons proposed to be insured** (Please  all boxes)

- I hereby declare and warrant on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects. I agree that this proposal and the declarations shall be the basis of the contract between me and all persons to be insured and Tata AIG General Insurance Company Ltd.
- I further consent and authorize Tata AIG General Insurance Company Ltd. and/or any of their authorized representatives to seek medical information from any hospital / consultant / insurer that I or any person proposed to be insured has attended or may attend in future concerning any disease or illness or injury in respect to a particular claim.
- I agree to Tata AIG General Insurance Company Limited taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures / regulations.

Date 

D	D	M	M	Y	Y	Y	Y
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Signature of the Proposer : \_\_\_\_\_

Place : \_\_\_\_\_

**VI. Vernacular declaration**

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent / employee of the company):

Name of Proposer 

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First Name Middle Name Surname

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer : \_\_\_\_\_

Signature of the witness : \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Name of the witness : \_\_\_\_\_

Place : \_\_\_\_\_

**VII. Agent's Declaration**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor / Specified Person of the Corporate Agent / Authorised 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 favour 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. (Advisor / Corporate Agent / Broker / Relationship Officer) 

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Place : \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Signature of Agent : \_\_\_\_\_

**VIII. For office use only**

Tata AIG Office : \_\_\_\_\_ Producer code and Name : \_\_\_\_\_

Branch receipt No. : \_\_\_\_\_ Branch receipt date : \_\_\_\_\_

Business Type :  Urban  Rural  Social

**Acknowledgement**

Application No.: \_\_\_\_\_

Name of Proposer : \_\_\_\_\_

We acknowledge with thanks the receipt of your application and amount by cash / cheque / demand draft / others \_\_\_\_\_

of amount Rs. 

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Signature and Seal : \_\_\_\_\_

Place: \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought 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 premium is not received by us in full and in time, or is not realised or non-fulfillment of Pre Policy Check-up. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

**Tata AIG General Insurance Company Limited**

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 Ltd. Registered office: Peninsula Corporate Park, Piramal Tower, 9th Floor, G.K. Marg, Lower Parel, Mumbai - 400013. Toll Free No. 1800 266 7780