



WITH YOU ALWAYS

Travel Guard Proposal Form

Proposal Details (In block letters)

Form Number

Producer Name

Producer 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

Deposit Slip No.

PAN Card No.

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)

Insurance Plan Requested

Single Trip: Silver Gold Platinum

Annual Multi Trip: Gold Platinum Any Single Trip not exceeding 30 Days

Any Single Trip not exceeding 45 Days

I understand that sub limits will apply on Sickness Medical Reimbursement cover for insured persons aged between 56 and 70 years

Travel Details

Does your trip include North / South America Yes No

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

Assignee Name

Relationship with insured

Residential Address

City

State PIN

Tel. with area code: In India

While Overseas

E-mail

Additional Insured Family Members (Spouse or dependent children)

	Name	Sex	Date of birth	Passport No.	Assignee 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"/>			
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"/>			
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"/>			
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"/>			

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)				

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. _____

SIGN UP**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 medical care institution physician, medical professional, pharmacy or insurers to furnish to Tata AIG General Insurance Company Ltd., or its representative 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 basic 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 of the terms, conditions and exceptions described in the Policy Prospectus. • I/we hereby declare and warrant that all of statements in this and in the preceding two 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 not incur liability for any insurance coverage.

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 the Proposer _____

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 on insurance in respect of any kind of risk relation 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, or 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 Issuer. ANY DEFAULT IN COMPLYING WITH THE PROVISION OF THIS SECTION SHALL BE PUNISHED WITH 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