

Enrolment Form - Group Credit Secure Plus



Intermediary Code: _____

Master Policy Reference No. _____

Loan A/C No. _____

This is an application for Insurance & will form the basis of the policy certificate that We may issue. Every information, this application seeks is important & mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy certificate even if it is issued. **We are under no obligation to accept any proposal for insurance.** 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 under the Policy if proposal is not accepted by us or premium is not received by Us in full and in time, or non-fulfillments of additional information requested by us, if any or if the proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Please fill-up this form in CAPITAL LETTERS

1. PROPOSER'S INFORMATION

Name: (Mr/Mrs/Ms)	First Name	Middle Name	Last Name
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Date of birth: Gender: M F Nationality: _____

Occupation: Salaried Self-employed Others (please specify) _____

Address for communication: _____

District: _____ City: _____ State: _____ Pin code: _____

Insured Property Address (only in case of cover for Standard Fire and Special perils): _____

District: _____ City: _____ State: _____ Pin code: _____

Tel (O): _____ Mobile: _____ Email Id: _____

Premium (including Taxes) _____ Unique id no. (Aadhaar no.): _____

PAN (in case of premium > ₹ 50, 000) _____ GSTIN No. _____

Loan amount: _____ Type of Loan: _____ Loan tenure: _____

Policy tenure (Years): 1 2 3 4 5 Sum insured (same as loan amount & max. upto ₹5 Crores): _____

Sum Insured Type*: Fixed Reducing

*applicable only for coverage of critical illness and/or personal accident benefit

Optional Cover Details:

Cover Opted	Limits

Do you want the co-applicant to be part of Group Credit Secure Plus? Yes No

Note: In case of co-applicants, sum insured would be apportioned equally among members

2. INSURED PERSON'S DETAILS

Sr.No	Name of the Insured persons	Relationship with Proposer	Date of birth	Occupation	Gender	Nationality	Unique Id no.
1							
2							
3							

3. NOMINEE DETAILS

I understand that this policy is assigned to the Bank/ financial/lending institutions.

Nominee Name _____ Relationship with the Proposer _____

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. Nominee for any of the persons proposed to be insured shall be the Proposer. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

It is hereby declared and agreed, I/we declare and agree that upon any monies becoming payable under this Policy the same shall be paid by the Company to the Bank/ financial/lending institutions and such part of any monies so paid as may relate to the interests of other parties insured hereunder shall be received by the Bank/ financial/lending institutions as Agents for such other parties. That the receipts of the Bank/ financial/lending institutions shall be complete discharge of the Company therefore and shall be binding on all the parties insured hereunder.

4. MEDICAL AND LIFESTYLE INFORMATION

Please answer the below mentioned questions in Yes (Y) / No (N).

	Insured Persons			
	1	2	3	4
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for any of the following critical medical condition#?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or any of the persons proposed for insurance in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or any of the persons proposed for insurance undergoing/ awaiting any treatment for any illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Critical medical condition would mean Cancer, End Stage Renal Failure, Multiple Sclerosis, Major Organ Transplant, Rheumatic heart disease, Coronary Artery Bypass Graft, Stroke, Paralysis, Myocardial Infarction, Angina, Total Blindness, Creutzfeldt-jakob disease, Primary Pulmonary hypertension, Motor Neuron Disease with Permanent Symptoms, Progressive Scleroderma, Brain Tumor, Lung/Liver Failure.

5. 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 payment 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 hospital who/which at anytime has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurance company to whom an application for insurance on the person to be insured/ 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 of the insured/proposer for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of Agent/intermediary/Specified Person: _____

Code: _____

Vernacular Declaration (Certification in case the Proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the Proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: _____

Name & Signature of Agent/intermediary/Specified Person: _____

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized 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 favor 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. (Intermediary/Corporate Agent/Broker/Relationship Officer)

Name of the specified Person and code

Place: _____

Date:

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

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 liable for penalty which may extend to ten lakh rupees.

For Office use only - Employee ID: _____ **Partner Reference ID** _____

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy document 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 - 400013
 24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170 Email: customersupport@tataaig.com
 Website: www.tataaig.com IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

Enrollment Form- Group Credit Secure Plus UIN: TATHLGP18051V011718

CUSTOMER ACKNOWLEDGEMENT

Application Number: _____ Date: _____

Name of the Proposer: _____

We acknowledge with thanks the receipt of your application for Tata AIG Group Credit Secure Plus and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____. Neither the submission to us of this completed enrollment form for insurance nor any payment towards this application 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 proposal is not accepted by us or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup (if applicable) and/or additional information requested by us. Failure to deposit the entire premium or non-fulfillments of pre-policy check up (if applicable) or furnish additional information requested by us within 15 days from the date of proposal, we shall cancel your application and refund the premium paid without any interest subject to deduction of pre-policy charges (if applicable & conducted). If we do not accept the proposal, we will inform you and refund any payment received from you, towards this application, without interest within next 10 days.

We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.