



Application No.:

Intermediary Code:

Please write in BLOCK letter and use black ink. To help us serve you better, kindly ensure that the form is completely filled.  
(This Insurance does not commence until the proposal is accepted and premium paid)

1. Name of the Proposer (Mr./ Mrs./ Ms.)

2. Address

District  City

Pincode\*  State

3. Tel (O)  (R)

4. Fax No.  Mobile

5. Sex  M  F Date of Birth         Age  (Yrs) Email  Occupation:  Salaried  Self Employed

6. Marital Status  Single  Married 7. Policy Period : From       To       ( ) Years

8. Persons to be covered :

Sr. No.	Name	Date of Birth	Gender	Any pre-existing disability / illness	Any other policy	Policy Number / SI Amt
1	Proposer	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F			
2	Spouse	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F			
3	Child 1	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F			
4	Child 2	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F			

9. Nominee should be an immediate relative of the insured.

Sr. No.	Name of the Nominee	Date of Birth	Relation with Proposer	Percent
1		<input type="text"/>		
2		<input type="text"/>		
3		<input type="text"/>		
4		<input type="text"/>		

\*If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

Appointee Name	Relationship	Address of the Appointee
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Coverage Opted :  
(Please tick on the preferred option)

Sum Insured*	Coverage: Accidental Death, Permanent Total Disability, Permanent Partial Disability Premium chart (inclusive of 18% GST)							
	INDIVIDUAL		SELF, SPOUSE		SELF, SPOUSE & 1 CHILD		SELF, SPOUSE & 2 CHILDREN	
	1 Year	3 Years	1 Year	3 Years	1 Year	3 Years	1 Year	3 Years
₹ 5 Lacs	NA	<input type="checkbox"/> 1,390	<input type="checkbox"/> 789	<input type="checkbox"/> 2,085	<input type="checkbox"/> 921	<input type="checkbox"/> 2,433	<input type="checkbox"/> 1,053	<input type="checkbox"/> 2,780
₹ 10 Lacs	<input type="checkbox"/> 1,053	<input type="checkbox"/> 2,780	<input type="checkbox"/> 1,579	<input type="checkbox"/> 4,170	<input type="checkbox"/> 1842	<input type="checkbox"/> 4,865	<input type="checkbox"/> 2,105	<input type="checkbox"/> 5,560
₹ 15 Lacs	<input type="checkbox"/> 1,579	<input type="checkbox"/> 4,170	<input type="checkbox"/> 2,368	<input type="checkbox"/> 6,255	<input type="checkbox"/> 2763	<input type="checkbox"/> 6,931	<input type="checkbox"/> 3,158	<input type="checkbox"/> 8,340
₹ 20 Lacs	<input type="checkbox"/> 2,105	<input type="checkbox"/> 5,560	<input type="checkbox"/> 3,158	<input type="checkbox"/> 8,340	<input type="checkbox"/> 3684	<input type="checkbox"/> 9,730	<input type="checkbox"/> 4,210	<input type="checkbox"/> 11,120
₹ 25 Lacs	<input type="checkbox"/> 2,631	<input type="checkbox"/> 6,950	<input type="checkbox"/> 3,947	<input type="checkbox"/> 10,425	<input type="checkbox"/> 4605	<input type="checkbox"/> 12,163	<input type="checkbox"/> 5,263	<input type="checkbox"/> 13,900

\* Self is covered for 100% of the Sum Insured, Spouse is covered for 50% of Sum Insured & each Child is covered for 25% of Sum Insured  
Family includes Self, Spouse and Children (upto 2)

**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 receipt 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, e purpose of underwriting the proposal and/or claim settlement.

**Terms and Conditions**

- It is essential that you answer fully and accurately all the questions contained in the proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made.
- The cover will be valid for the period selected after the start of the policy and will be renewed on expiry, if so opted for.
- The liability of Tata AIG General Insurance Company Limited does not commence until the company has accepted the proposal and the full premium has been paid.
- The contract of Insurance is between Tata AIG General Insurance Company Limited and the insured.
- Any grievance with respect to insurance policy/ claims/ settlements/ shall be taken up with Tata AIG General Insurance Company Limited.
- Customers are requested to read the sales brochure and policy terms & conditions before taking the insurance.

I hereby declare that my Gross Annual Income is Rs. \_\_\_\_\_ and understand that the Sum Insured opted for will not be greater than 10 times / 20 times Gross Annual Income as per below –

- (a) In case of Salaried Person – Max 10 times of Income (as appearing in Form 16/ Salary Slip/ IT acknowledgement)
- (b) In case of Self – Employed Person – Max 20 times of Income (as appearing in IT acknowledgement/ Audited P&L)

