

# TATA AIG SMART MULTI ASSURE POLICY – PROPOSAL FORM

UIN: IRDAN108RPMS0009V01202425



## TATA AIG Smart Multi Assure - Proposal Form

Issuing Office:		Agent/Intermediary Name:	
Name of Master Policy Holder:		Agent/ Intermediary Code:	
Address of Policy Holder:		Agent/Intermediary Contact No.:	
Master Policy No.:		Branch Code:	
Renewal No.:		Business Type: <New/Renewal Business>	
Endorsement No.:			
GSTIN:			
Place of Supply:			

<b>Contact Details of Master Policy Holder</b>	
Tel/Mobile No.:	
Email ID:	
*PAN no.	
Do you want a physical copy of this Proposal Form?	Yes/No

### Category of Customer:

Customer Category	Insurance attachment (Mandatory/Optional)	Please Tick
Home Loan		<input type="checkbox"/>
Auto Loan		<input type="checkbox"/>
Personal Loan		<input type="checkbox"/>
Loan against Property		<input type="checkbox"/>
Current Account/Savings Account/DEMAT Customer		<input type="checkbox"/>
Any Other (Please Specify)		<input type="checkbox"/>

Master Policy Period:	DD/MM/YYYY time(hrs) [Commencement Date] to DD/MM/YYYY time (hrs) [Expiry Date]
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Sr. No	Cover Type	Cover Name	Sum Insured	Please Tick
1	Base (B1)	Home Building and Home Contents		<input type="checkbox"/>
	Base (Inbuilt Cover)	Loss of Rent and Rent for Alternative Accommodation		<input type="checkbox"/>
	1a. (Optional Cover)	Cover for Home Valuable Contents (On agreed value basis)		<input type="checkbox"/>

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

Regd. Office: 15<sup>th</sup>Floor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email: **customersupport@tataaig.com** | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425

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WITH YOU ALWAYS

2	Base	Identify Theft	<input type="checkbox"/>
3	Base	Digital Theft of Funds	<input type="checkbox"/>
4	Base	Fraudulent Charge on Loss of Card	<input type="checkbox"/>
5	Base	Key Replacement Cover	<input type="checkbox"/>
6	Base (B2)	ATM assault and robbery	<input type="checkbox"/>
7	Base	Lost Wallet Coverage	<input type="checkbox"/>
8	Base	Personal Accident	<input type="checkbox"/>
9	Base	Loss of Income (Involuntary)	<input type="checkbox"/>
10	Add on	Loss of Income (Commercial Vehicle)	<input type="checkbox"/>
11	Add on	Loss of Income (Disability & Critical illness)	<input type="checkbox"/>
12	Add on	Garage Cash (Private Vehicles)	<input type="checkbox"/>
13	Add on	Terrorism Cover (Applicable only if Home Building and Home Contents cover is opted)	<input type="checkbox"/>
14	Add on	Temporary Resettlement Expenses Cover (Applicable only if Home Building and Home Contents cover is opted)	<input type="checkbox"/>
15	Add on	Personal Liability Cover (Applicable only if Home Building and Home Contents cover is opted)	<input type="checkbox"/>
16	Add on	Accidental Damage - General Contents (Applicable only if Home Building and Home Contents cover is opted)	<input type="checkbox"/>
17	Add on	Accidental and Liquid Damage (Portable electrical and electronic devices) (Applicable only if Home Building and Home Contents cover is opted)	<input type="checkbox"/>
18	Add on	Brokerage Expenses (Applicable only if Home Building and Home Contents cover is opted)	<input type="checkbox"/>
19	Add on	Burglary, Theft & Larceny (Applicable only if Home Building and Home Contents cover is opted)	<input type="checkbox"/>
20	Add on	Breakdown of Domestic, Electric and Electronic Appliances Cover (Applicable only if Home Building and Home Contents cover is opted)	<input type="checkbox"/>
21	Add on	Delay in Salary Payment	<input type="checkbox"/>
22	Add on	Rescinding of Offer Letter	<input type="checkbox"/>
23	Add on	Unauthorized Fund Transfer & Forgery Protection	<input type="checkbox"/>
24	Add on	Vacation Cancellation Cover	<input type="checkbox"/>

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WITH YOU ALWAYS

25	Add on	Value added services		<input type="checkbox"/>
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For Policy Wordings, please scan the QR Code below:

## 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)

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:** \_\_\_\_\_

**Signature of the Proposer:** \_\_\_\_\_

## **AML Guidelines:**

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons \* nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

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\*“Politically Exposed Persons” shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

### 3. Nationality:

- Indian  
 Non-Indian; If Non-Indian, please specify Country: \_\_\_\_\_

### 4. Type of Organization making the payment (Please tick)

- Limited company  
 Government organization  
 Non-Governmental Organization (NGO)  
 Society  
 Trust  
 Partnership  
 International Organization  
 Cooperatives  
 Section 25 Company.

### 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 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

### Additional Information

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

For office use only- Employee ID: \_\_\_\_\_ Partner Reference ID \_\_\_\_\_

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Policy Servicing Office:

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