



WITH YOU ALWAYS

TATA AIG Travel Insurance - International

Proposal Form

1. This is an application for Insurance and issuance of this does not amount to acceptance of Proposal by us. Commencement of risk under this Proposal is subject to acceptance of the risk by us and receipt of premium.
2. The information declared by you in this form is the basis for issuance of the Policy.
3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the Proposal and also might lead to cancellation of Policy.

Please fill-up this form in CAPITAL LETTERS

POS PAN No.*		Proposal Form No.	
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(Mandatory for POS Agent)

Producer Name		Producer Code	
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Proposer Details (In block letters)

Proposer Name	
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Personal Details of Persons Proposed of Insurance

Person Name		Date of Birth	<input type="text"/>
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Passport No.		<input type="checkbox"/> Male	<input type="checkbox"/> Female
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PAN Card No*		In absence of Pan Card, please give Form 60
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Pre-Existing Details (If any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes Details
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Suffering Since	<input type="text"/>
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Correspondence Address:

Correspondence Address			
Area		City/Town	
PIN Code		District	
State			

Permanent Address: Same as Correspondence Address:

Permanent Address			
Area		City/Town	
PIN Code		District	
State			

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
 24*7 Toll free No.: 1800 266 7780 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108
 CIN: U85110MH2000PLC128425 • TATA AIG Travel Insurance - International UIN: TATTIOP25040V042425 • URN: AH/IOT-01_02

Tel. with Area Code in India		While Overseas	
Email			
Sources of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others please specify		
Purpose of Visit	<input type="checkbox"/> Leisure <input type="checkbox"/> Employment <input type="checkbox"/> Business <input type="checkbox"/> Study <input type="checkbox"/> Others		

Nominee Details:

Nominee should be an immediate relative of the Prospect/Person to be Insured.

Sr. No.	Name of the Nominee	Date of Birth*	Relationship with Proposer	Percent#	Email ID of Nominee	Contact No. of Nominee	Permanent Address	Present Address (If Permanent Address is Different)
1		DD/MM/YYYY						
2		DD/MM/YYYY						
3		DD/MM/YYYY						
4		DD/MM/YYYY						

*If the Nominee is minor, Name and Address of Appointee and relationship with Minor.

Appointee Name	Relationship with Nominee	Address

Nominee Bank Details (Required For Refund/Claims):

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS).

For this purpose, please submit the following details of the Nominee's bank account#.

Name of the Account Holder	
Name of the Bank	
Branch Bank	
Account No.	
Bank IFSC Code	
Account Type	<input type="checkbox"/> Saving Bank Account <input type="checkbox"/> Current Bank Account <input type="checkbox"/> Others (Please specify) _____

#In case there is more than one nominee then please provide the bank details of such nominees separately in the above format with this Proposal Form.



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Additional Insured Family Members (Spouse or Dependent Children):

Sr. No.	Name	Sex	Date of Birth	Passport No.	Pre-Existing Details (If any)	Details	Suffering Since
1.		M/F	DD/MM/YYYY				DD/MM/YYYY
2.		M/F	DD/MM/YYYY				DD/MM/YYYY
3.		M/F	DD/MM/YYYY				DD/MM/YYYY
4.		M/F	DD/MM/YYYY				DD/MM/YYYY

Travel Details:

Insurance Plan Requested	<input type="checkbox"/> Including Americas	<input type="checkbox"/> Excluding Americas
(*Americas include North, Central, South America and Canada)		
Places of Travel		
Departure from India	Return to India	No. of Days
Insurance Plan Requested	<input type="checkbox"/> With Sub limit	<input type="checkbox"/> Without Sub limit
Single Trip	<input type="checkbox"/> Silver	<input type="checkbox"/> Silver Plus
	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum
	<input type="checkbox"/> Senior Plan	
Annual Multi Trip	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum
	<input type="checkbox"/> Any Single Trip not exceeding 30 days	
	<input type="checkbox"/> Any Single Trip not exceeding 45 days	

(I understand that sub limits will apply on Accident and Sickness Medical Expenses Reimbursement Cover for Prospect/Persons to be Insured above 56 years of age, if opted for "With Sub limits Plan". Under Annual Multi Trip, entry age is up to 70 years.)

Payment Details:

Name of the Premium Payer		
Relationship with the Proposer		Premium Amount (₹)
Instrument type	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Credit Card
	<input type="checkbox"/> Others	
Please make a Crossed Cheque/DD/Pay Order in favour of 'TATA AIG General Insurance Company Limited' only.		

Bank Details:

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the Insured's bank account#		
Name of the Account Holder		
Name of the Bank		Branch

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Type of Account	<input type="checkbox"/> Savings Bank Account <input type="checkbox"/> Current Bank Account
	Others (Please Specify): _____
Account No.	_____
IFSC Code of Bank	_____

*Please fill an auto debit form for deduction of amount towards premium payment from bank account. If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached.

#Mandatory if annualized premium is more than ₹10,000.

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.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be Insured/Proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be Assured/Proposer and seeking information from any Insurance Company to which an application for Insurance on the life to be Assured/Proposer has been made for the purpose of underwriting the Proposal and/or claim settlement.
- I/We authorise the Company to share information/data/details provided by me to any other person in connection with the Proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement
- I authorise TATA AIG General Insurance Company Limited and associate partners to contact me via Email, Phone or SMS.
- I understand that I will receive digital copy of my Policy and service-related communication. However, I would prefer to also receive the physical copy of my Policy and service-related communication and I want these documents to be shared via postal mail to the communication address as mentioned in this Proposal Form.

Date*: _____

Place*: _____

Signature of the Proposer*

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Disability Declaration:

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the representative) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from TATA AIG General Insurance Company Limited., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Date: _____

Place: _____

Signature of the Representative: _____

Signature/Thumb Impression of the Proposer/Primary Insured: _____

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.
*“Politically Exposed Persons” shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Nationality:

Indian Non-Indian If Non-Indian, please specify the Country : _____

Type of Organization:

- Corporations Governments Non Governmental Organisations Society Trust
- Partnership International Organisation Section 25 Company Cooperative

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Additional Information:

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

Signature of Proposer*: _____

Date*: _____

Declaration:

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: _____

Code: _____

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: _____

Signature of Agent: _____

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TA/RTM/1.4/Oct24

Vernacular Declaration:

(Certification in case the proposer has signed in Vernacular/Thumbprint).

The content of this form along with product benefits, terms and 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: _____

Prohibition of Rebates – Section 41 of 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 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 punishable with fine which may extend to ten lakhs rupees.

Section 64 VB of the Insurance Act, 1938

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



Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

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