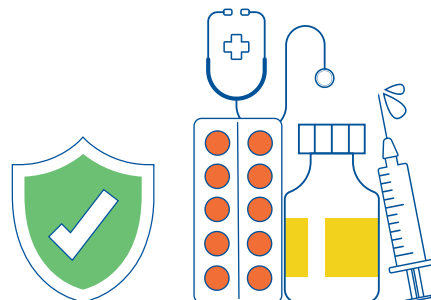


Barcode:

Name: Raghvbhai V Gelani
Address: 101 SAKETDHAM SOC NEAR LAXMAN NAGAR PUNAGAM SURAT GUJARAT 395010

Contact No.: 9979343593



Be assured - TATA AIG's got you secured!

Hello Raghvbhai V Gelani!

Your Policy has been issued with Policy No. 0238899230-04.
 Visit [here](#) for policy wordings or scan the QR Code.



Below is a Quick Glimpse of Benefits*

 In-Patient Treatment	Covers hospitalization due to disease/illness/injury during the policy period that requires your admission in a hospital as an In-Patient for more than 24 hours.	 Global Cover	Covers medical expenses up to sum insured for treatment overseas, if diagnosed in India.
 Day Care Procedures	Covers Day Care Procedures due to Disease/Illness/Injury taken at a hospital or Day Care Centre.	 Restore Benefits	Automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus during the policy period.
 Consumables Benefit	Covers consumable items like slings, gloves etc. used during hospitalization.	 Compassionate Travel	Covers the cost of a family member's round-trip within India, up to ₹20,000/year, in case of an insured's hospitalization for more than five consecutive days.

Your Welcome Policy Kit Contains

- **Policy Schedule:** A quick snapshot of your coverage, including term, limits and insured members.
- **80 D Certificate:** Proof of insurance premium payment for tax deduction claims.
- **Health Card:** A multifunctional card that enables cashless hospital visits and serves as your policy identifier.
- **Transcript of the Proposal Form:** The official application gathered from policyholders containing in-depth details.

*For more information on your Policy benefits, waiting periods, exclusion, claim procedures and other applicable financial limits, please refer your Customer Information Sheet and Policy Wordings.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India.
 24x7 Toll Free No.: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
 IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG Medicare • UIN: TATHLIP23118V032223


Policy Schedule

Policy Number	0238899230-04	
Policy Holder's Name	Raghvbhai V Gelani	
Policy Holder's Address	101 SAKETDHAM SOC NEAR LAXMAN NAGAR PUNAGAM SURAT GUJARAT 395010	
Policy Holder's Contact No.	9979343593	
Policy Period	From: 30/03/2025 00:00	To: 29/03/2026 23:59
Gross Premium	₹ 32301	

Unlock Policy Details at Your Fingertips

Download now **TATA AIG App** <https://taig.in/551c26a> OR

Scan QR Code



You can also visit our website www.tataaig.com WhatsApp us +91 9136160375

Intermediary Name	Intermediary Code	Intermediary Contact No.
SORATHIA DEVDEEPKUMAR VINODCHANDRA	2125340000	7405344450

Issuing Office	SURAT	Product Name	TATA AIG Medicare
Client ID	6089977278	Plan Type	Floater
Proposal No.	PPR/BT/28559/7020077139	Business Type	Renewal
Expiry Date	29/03/2026	Policy Tenure	1 year
Premium Payment Zone	Zone A		

Insured Person Details:

Insured Person's Name	Insured with Tata AIG General Insurance Co. since	Member Id	Date of birth	Age (In Years)	Relationship to Policy holder	Restore Benefit %	Sum Insured (₹)	Cumulative Bonus (₹)	Accidental Death Sum Insured (₹)
Raghvbhai V Gelani	30/03/2021	OIP07489 5200105 3	01/01/1968	57	Self	100% of SI	3,00,000.00	0.00	0
Kanchanben Gelani	30/03/2021	OIP07489 5200204 3	06/03/1978	47	Spouse				0

*For Family Floater policy, Sum Insured and Cumulative Bonus Floats among the insured members of the family as mentioned above. This shall not be applicable for newly added members in this policy.

#Sum Insured mentioned is excluding cumulative bonus. Earned cumulative bonus is separately mentioned.

Underwriting Loading (₹)	Discounts (₹)	Net Premium (₹)	Tax, Duties And Cess As Applicable (₹)	Gross Premium (₹)
0.00	6843.4	27373.6	4927.25	32301

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Gross Premium (In Words): Rupees Thirty Two Thousand Three Hundred One only

Net Premium is inclusive of the Premium impact of the optional cover and/or Rider Cover, if opted.

Managing Your Policy Just Became Easier



Edit Your Policy



Download the TATA AIG App



Visit Our Website



Frequently Asked Questions

For Hassle-Free Claims



Initiate/Track Your Claim



Find Your Nearest Cashless Network Hospital



Download Claim Form



List of Excluded Providers

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Benefit Name	Coverage Limit
In-Patient Treatment	Upto Sum Insured
Pre-Hospitalization Expenses	Upto 60 days
Post-Hospitalization Expenses	Upto 90 days
Day Care Procedures	Upto Sum Insured
Organ Donor	Upto Sum Insured
Domiciliary Treatment	Upto Sum Insured
Restore Benefit	Upto Sum Insured
AYUSH Benefit	Upto Sum Insured
Ambulance Cover	Upto Rs. 3000 per Hospitalization
Health Checkup	Upto 1% previous year Sum Insured; max. Rs.10,000 per policy
Compassionate Travel	Upto Rs.20,000 per policy year
Consumables Benefit	Upto Sum Insured

Benefit Name	Coverage Limit
Global Cover	Upto Sum Insured
Bariatric Surgery Cover	Upto Sum Insured
In-Patient Treatment - Dental	Upto Sum Insured
Vaccination Cover	Upto Rs.5000 per policy
Hearing Aid	50% of actuals; maximum Rs.10,000 per policy
Daily Cash for Choosing Shared Accommodation (If applicable)	0.25% of base Sum Insured; maximum Rs. 2000 per day
Daily Cash for Accompanying an Insured Child	0.25% of base Sum Insured; maximum Rs. 2000 per day
Second Opinion	Covered
Wellness Service	8 teleconsultations (GP) and Ambulance Booking Facility.
Room Category	All Room Categories Covered

Click [here](#) to access your Rider Wordings.

For applicability kindly refer to the Rider Benefits opted by you on the Policy Schedule.

Nominee Details for Policyholder:

Nominee Name	Relationship To Policyholder
KANCHANBEN	Spouse

Wellness Reward Details For Renewal Schedules :

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Policy Comments (If Applicable)

Claim Servicing Details	
Name of Claim Administrator	Tata AIG Health Claim
Website	Tata AIG Health Claim
Email	customersupport@tataaig.com
Claim Submission Address	TATA AIG Health Claims processing HUB ,TATA AIG General Insurance Company Limited 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC no - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone- 040-66864900
Stamp Duty of Rs.30/- is paid as provided under Article 47(C) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOA/ENF1/CSD/90/2024/25/5 Validity Period Dt.01/01/2025 To Dt.31/12/2027 Date :24/03/2025	
For and on behalf of TATA AIG General Insurance Company Limited	

In the event of non-receipt of premium, the company shall not be liable under the Policy and the Policy shall stand cancelled ab-initio (from inception).

Policy Servicing/Grievances:

For any policy servicing requests or complaints, please visit our website at www.tataaig.com or download the **TATA AIG App** for assistance. Please refer the company's website for the grievance redressal policy.

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IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG Medicare • UIN: TATHLIP23118V032223

Policy Servicing Address:

TATA AIG General Insurance Company Ltd.

UNIT NO. 403-406, 4TH FLOOR, A-WING, UNIVERSAL BUSINESS CENTRE, L.P.SAVANI ROAD, ADAJAN, SURAT, 395009



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**Annexure to Customer Information Sheet (CIS)
Benefit Illustration in Respect of Policies Offered on Individual and Family Floater Basis**

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one sum insured available for entire family)			
	#Premium (₹)	Sum Insured (₹)	#Premium (₹)	Discount if any	#Premium after Discount (₹)	Sum Insured (₹)	#Premium or consolidated premium for all members of the family (₹)	Floater discount if any	#Premium after discount (₹)	Sum Insured (₹)
57			20573.00	0	20573.00	300000.00	20573.00	20 %	16458.40	300000.00
47			13644.00	0	13644.00	300000.00	13644.00	20 %	10915.20	300000.00
	#Total Premium for all members of the family is ₹_____ when each member is covered separately		#Total Premium for all members of the family is ₹34217.00 when they are covered under a single policy				#Total Premium when policy is opted on floater basis is ₹27373.60			
	Sum Insured available for each individual is ₹_____		Sum Insured available for each family member is ₹_____				Sum Insured of ₹300000.00 is available for the entire family			

#Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the Premium rates shall be exclusive of taxes applicable.

80D Certificate

Certificate of Premium payment for the purpose of declaration under Section 80D of Income Tax (Amendment) Act, 1961*

Date	24/03/2025
Policy No.	0238899230-04
Customer Name	Raghubhai V Gelani
GSTIN No.	

Sub: Tax Benefit Letter for TATA AIG Medicare Policy No. 0238899230-04

Dear Sir/Madam,

This is to certify that Premium amount of Rs 32301 (Thirty Two Thousand Three Hundred One) for health insurance Policy No. 0238899230-04 issued to Raghubhai V Gelani for the period 30/03/2025 to 29/03/2026 has been paid.

Receipt Illustration:

Receipt ID	Name of Payer	Mode of payment	Amount paid
	Raghubhai V Gelani	Link	32301
	Total Amount Paid		32301

Premium Illustration (Member Wise):

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
OIP0748952001053	Raghubhai V Gelani	Self	19420.91
OIP0748952002043	Kanchanben Gelani	Spouse	12879.94
Total Premium Paid (Inclusive of Loading & Taxes collected)			32301

For any questions or additional support, please visit our website at www.tataaig.com or download the TATA AIG App for assistance.

We assure you of our best services at all times.

Date of Issue	24/03/2025	Place of Issue	SURAT
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***Note:**

1. Tax deductions can be claimed subject to the provisions prescribed in the relevant sections of the Income Tax Act, 1961 as amended from time to time.
2. Premium paid in advance will be applied to the policy on premium due date.
3. This premium paid certificate is conditional upon credit in company's account post clearance of the instrument/facility including electronic mode.
4. For any confirmation/impact analysis, customer is advised to refer the matter to his/her Tax consultant.
5. This certificate must be surrendered to the company in case of cancellation of this policy. In the event of incorrect representation of this declaration the liability shall be upon the Policyholder/Payer.

Digitally Signed By: Shammi Kapoor

Date: 24/03/2025

Location: Mumbai

Receipt

Receipt No.		-			
Receipt Date		24/03/2025			
Policy No.		0238899230-04			
Received with thanks from Raghvbhai V Gelani a sum of Rs. 32301 (Rupees Rupees Thirty Two Thousand Three Hundred One only)					
Sr No.	Policy Number	Mode of Payment	Total Premium	Utilized from the receipt for policy	Balance
1	0238899230-04	Link	32301	32301	0
<p>Note:</p> <p>1. This is a computer generated receipt and does not require a signature.</p> <p>2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.</p> <p>3. Amounts received by cheque shall be subject to realization.</p> <p>4. Any amount received in excess of the Premium is being/shall be refunded by the Company.</p>					
Revenue (consolidated) stamp duty duly paid via Challan no: date the for applicable cases.					
GSTIN: 24AABCT3518Q1Z2			Service Accounting Code: 99713		

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Transcript of the Proposal Form

Proposal No.	PPR/BT/28559/7020077139	URN No.	AH/2024-25/HL-03	Intermediary Code	2125340000
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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.

The information declared by you in this form is the basis for issuance of the policy. 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

1. Proposer's Details:

Name (Mr/Mrs/Ms/Dr)	Raghvbhai V Gelani		
Date Of Birth (DD/MM/YYYY)	01/01/1968	Gender	MALE
Mobile No.	9979343593	Unique Govt. ID No.	-
Annual Income (in lakhs)			
E-Mail ID	ramanikapil284@yahoo.com		
Address	101 Saketdham Soc Near Laxman Nagar Punagam		
Landmark	-	Area	-
City/Town	SURAT	Pin Code	395010
District	-	State	GUJARAT
PAN Card			

In case Proposer is not an individual entity then details of the entity to be filled, PAN is mandatory for such cases
Mandatory in case of premium > ₹1 Lac.

☐ TATA Group Employee

2. Plan Details:

Proposed Policy Period: 30/03/2025 To 29/03/2026

Policy Tenure: ☒ 1 Year ☐ 2 Years (5% premium discount) ☐ 3 Years (10% premium discount)

Sum Insured Type: ☒ Floater ☐ Individual

Room Category: ☒ All room categories covered ☐ Shared

Accidental Death Benefit*: ☐ Yes

- Riders shall be opted by all the eligible members. There cannot be selection between the eligible members for choosing riders
- Dependent children will not be covered under Personal Accident Benefit.

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3. Details of the Person(s) to be Insured:

Sr. No.	Name of the Insured Person	Gender	Relationship with the Proposer*	Date of Birth	Height	Weight	Sum Insured	ABHA Number (14 digits)
1	Raghvbhai V Gelani	M	Self	01/01/1968	167	65	300000	-
2	Kanchanben Gelani	F	Spouse	06/03/1978	163	59		-

*Allowed relations (Spouse, children and dependent parents/parents in law).

#Sum Insured Options available (Rs. 3, 4, 5, 7.5, 10, 15, 20 Lakhs); Same Sum Insured for all members in floater option.

^^Ayushman Bharat Health Account (ABHA) Number.

☐ **Ayushman Bharat Health Account (ABHA) Declaration:** I on behalf of all Insured Person(s) provide consent to access the medical and personal records/details [of all Insured Person(s)], as are available in my/our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider(s) of TATA AIG General Insurance Company Ltd and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/our Proposal and/or for checking the authenticity of claims lodged by me/us and/or to comply with the applicable Law/Regulations.

Note: If ABHA Number is not available, we urge you to visit <https://abdm.gov.in> for creation of ABHA ID and inform the same to us once created.

4. Nominee Details:

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.

Sr. No.	Nominee Name	Date of Birth*	Relationship	Address of the Nominee
1	KANCHANBEN	06/03/1978	Spouse	-

5. Existing/Previous Insurer Details:

Is the proposer or any of the persons proposed, already Insured under a health plan with TATA AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for policy issuance? If yes, please indicate the Policy/Application number(s):

Since when continuously insured :

Do you want Us to consider these details for portability*? ☐ Yes ☒ No

6. Medical And Lifestyle Details:

A. Medical History:

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

You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Persons	
	1	2
Decline Disease Name	N	N
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 medical conditions specified on Proposal form?	N	N
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N	N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or Hospitalized for any illness/ surgery or awaiting any procedure/treatment?	N	N
Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? – Elevated Blood Sugar/ Type 2 Diabetes Mellitus/ Elevated Blood Pressure/ Hypertension/High Cholesterol/ Asthma>>	N	N
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	N	N
Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	N	N
Has any health or life insurance policy ever been terminated in the past ?	N	N
Have you ever been diagnosed with any Thyroid Disorder with or without any follow-up tests/medications?	N	N
Do you have any signs, symptoms, illness or injury including knee joint ligament tear or back pain/ Swelling or Pain in any part of body / Breathlessness on mild effort / dizziness more than once in last 6 months for which medical consultation / treatment / investigation has been required ?	N	N
Have you undergone any annual health check-up or routine medical examination in the past year? (If yes, please provide details of any findings or results)?	N	N

B. Detailed information in case any of the questions in section (A) is ticked 'Yes'.

(Please send us medical documents along with this application form.)

C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? ☐ Yes ☒ No

7. Payment Details:

Name of the Premium Payer:

(If different from proposer)

Relationship with the Proposer:

(If different from proposer)

Premium Amount (in ₹):

Instrument type: ☐ Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Others

Please make a Crossed Cheque/DD/Pay Order in favour of 'TATA AIG General Insurance Company Limited' only

Sources of funds: ☐ Salary ☐ Business ☐ Others

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(s).
***"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 Country: -

Type of Organization Making the Payment (Please Tick):

- | | | |
|---|--|--|
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Government Organization | <input type="checkbox"/> Non-Governmental Organization (NGO) |
| <input type="checkbox"/> Society | <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> International Organization | <input type="checkbox"/> Cooperatives | <input type="checkbox"/> Section 25 Company |

Signature of Proposer: Raghvbhai V Gelani

Date: 24/03/2025

8. 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 (RGTS)/Interbank Mobile Payment Service (IMPS).

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

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

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9. 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 the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time 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 insurer 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 authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Signature of Proposer: Raghvbhai V Gelani

Date: 24/03/2025

☐ 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 address as mentioned in this Proposal Form.

10. Declaration/Vernacular Declaration:

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

Signature of Proposer: Raghvbhai V Gelani

Name & Signature of Agent/Intermediary with Code: SORATHIA DEVDEEPKUMAR VINODCHANDRA & 2125340000

Vernacular Declaration (Certification in case the proposer has signed in Vernacular/Thumb print).

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: Raghvbhai V Gelani

Name & Signature of Agent/Intermediary: SORATHIA DEVDEEPKUMAR VINODCHANDRA & 2125340000

11. Agent Declaration:

I, SORATHIA DEVDEEPKUMAR VINODCHANDRA 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) : AGINFTGPS8177E

Name of the specified Person and code : SORATHIA DEVDEEPKUMAR VINODCHANDRA & 2125340000

Place: SURAT Date : 24/03/2025 Signature of Agent : SORATHIA DEVDEEPKUMAR VINODCHANDRA

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

- 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.
- 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.

13. For Office Use Only

TATA AIG Office Code		Intermediary Code and Name	
Branch Receipt Date		Channel Type	
Business Type		Customer ID	

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India.
 24x7 Toll Free No.: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
 IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG Medicare • UIN: TATHLIP23118V032223

14. Acknowledgement (To be given to Customer)

Proposal No.	PPR/BT/28559/7020077139	Date	24/03/2025
Name of the Proposer	Raghvbhai V Gelani		

We acknowledge with thanks the receipt of your Proposal for TATA AIG MediCare and amount by cheque/demand draft/others _____ of amount of ₹32301. Neither the submission to us of a completed Proposal 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 you do not accept the terms of counter offer or premium is not received by us in full and in time, or non fulfilments of Pre-Policy Check-Up and/or additional information requested by us. 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. In case of counter offer you need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such Counter Offer Letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel application and refund the amount paid against this Proposal without interest subject to deduction of the Pre-Policy Check up charges, as applicable. If we do not accept the Proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre-Policy Check-Up charges, as applicable.

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TATA AIG Medicare



Name : Raghvibhai V Gelani
Age : 57
Gender : MALE
Policy No. : 0238899230-04
From : 30/03/2025
To : 29/03/2026
Member ID : 0IP0748952001053

Please refer to our website or mobile application to know the list of cashless network hospitals and excluded hospitals

TAGIC Health Claims TATA AIG GENERAL INSURANCE COMPANY LIMITED

5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No.: 615, 616, Ameerpet, Hyderabad - 500016, Telangana, Toll Free No.: 18002667780, Website: www.tataaig.com
Email: healthclaimsupport@tataaig.com, TATA AIG Medicare UIN:TATHLIP23118V032223

Terms and Conditions



1. Pre-authorization is compulsory from us prior to all planned admission and within 24 hours for emergencies.
2. Admission for investigation/evaluation not covered.
3. All terms and conditions of the Policy would be applicable
4. Please refer to TATA AIG General Insurance customer guidebook for further details.
5. Cashless hospitalization in network hospital can be obtained in conjunction with this card, an authorization letter issued by us and photo identification such as voters ID, driving license, passport, etc.
6. Photo ID proof to be presented with this card at the time of availing benefits.

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CIN : U85110MH2000PLC128425 • TATA AIG Medicare UIN : TATHLIP23118V032223

TATA AIG Medicare



Name : Kanchanben Gelani
Age : 47
Gender : FEMALE
Policy No. : 0238899230-04
From : 30/03/2025
To : 29/03/2026
Member ID : 0IP0748952002043

Please refer to our website or mobile application to know the list of cashless network hospitals and excluded hospitals

TAGIC Health Claims TATA AIG GENERAL INSURANCE COMPANY LIMITED

5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No.: 615, 616, Ameerpet, Hyderabad - 500016, Telangana, Toll Free No.: 18002667780, Website: www.tataaig.com
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