

Barcode:

Name: Maheshbhai Chhaganbhai Godhani  
 Address: A-404,MAMTA PARK RESIDENCY BEHIND ASPIRE SCHOOL NEAR SHIVDHARA CAMPUS MOTA VARACHHA CHORASI SURAT GUJARAT 394101

Contact No.: 9913295929



**Be assured - TATA AIG's got you secured!**

Hello Maheshbhai Chhaganbhai Godhani!

Your Policy has been issued with Policy No. 0238571215-03.

Visit [here](#) for policy wordings or scan the QR Code.



Below is a Quick Glimpse of Benefits\*

 <b>In-Patient Treatment</b> Covers hospitalisation due to disease/illness/injury during the policy period that requires your admission in a hospital as an inpatient for more than 24 hours.	 <b>Global Cover</b> Covers medical expenses up to Sum Insured for treatment overseas, if diagnosed in India.
 <b>Day Care Procedures</b> Covers Day Care Procedures due to disease/illness/injury taken at a hospital or Day Care Centre.	 <b>Restore Benefits</b> Automatically restore the basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus during the policy period.
 <b>Consumables Benefit</b> Covers consumable items like slings, gloves etc. used during hospitalisation.	 <b>Compassionate Travel</b> Covers the cost of a family member's round-trip within India, up to ₹20,000/year, in case of an insured's hospitalisation 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.
- Customer Information Sheet:** Your comprehensive guide, detailing your policy's features, benefits, and how to effectively utilize your coverage.

\*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](mailto:customersupport@tataaig.com) • Website: [www.tataaig.com](http://www.tataaig.com)  
 IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG Medicare • UIN: TATHLIP26053V042526



## Policy Schedule

Policy Number	0238571215-03	
Policy Holder's Name	Maheshbhai Chhaganbhai Godhani	
Policy Holder's Permanent Address	A-404,MAMTA PARK RESIDENCY BEHIND ASPIRE SCHOOL NEAR SHIVDHARA CAMPUS MOTA VARACHHA CHORASI SURAT GUJARAT 394101	
Policy Holder's Contact No.	9913295929	
Policy Period	From: 17/07/2025 00:00	To: 16/07/2026 23:59

## Unlock Policy Details at Your Fingertips

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

OR



You can also visit our website  
[www.tataaig.com](http://www.tataaig.com)

WhatsApp us  
[+91 9136160375](https://wa.me/+919136160375)

Intermediary Name	Intermediary Code	Intermediary Contact No.
JIGAR ATULBHAI SHAH	AGINBHGAPS0708H	9428906614

Issuing Office	AHMEDABAD	Policyholder's Residence Address	
Client ID	6169577857	Product Name	TATA AIG Medicare
Proposal No.	PPR/BT/28559/7020185280	Plan Type	Floater
Policy Tenure	1 year	Business Type	Renewal
Premium Payment Zone	Zone A		

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## Insured Person Details:

Insured Person's Name	Maheshbhai C Godhani		Vanitaben M Godhani			
Insured with TATA AIG General Insurance Co. Ltd. Since	17/07/2020		17/07/2020			
Ayushman Bharat Health Account (ABHA) No	-		-			
Member ID	0IP0319194503046		0IP0319194504045			
Date of Birth	07/02/1974		04/03/1975			
Age (In Years)	51		50			
Relationship to Proposer	Self		Spouse			
Restore Benefit %	100% of SI		100% of SI			
Sum Insured (₹) #	500000					
Cumulative Bonus (₹) ^^	2,50,000					
Discount in Renewal Premium (No Claim Bonus) Opted	-					
Accidental Death Sum Insured (₹)	500000					
Favourable Experience Discount	5847.5		5847.5			
Loading (₹)	Discounts (₹)	Net Premium (₹)	Tax, Duties And Cess As Applicable (₹)	Gross Premium (₹)		
0	17425.55	43717.66	7869.18	51587		

Gross Premium (In Words): Rupees Fifty One Thousand Five Hundred Eighty Seven only.

\*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.

##Net Premium is inclusive of the premium impact of the optional cover and/or Add-On Cover, if opted.

^^Total accrued Cumulative Bonus. Cumulative Bonus is credited only if Discount in Renewal Premium (No Claim Bonus) has not been availed for the claim free previous Policy Year.

## 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

Cover	Coverage
In-Patient Treatment	Upto Sum Insured
Pre-Hospitalization	Upto 60 days
Post-Hospitalization	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. 5000 per hospitalization
Health Check-Up	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
Global Cover	Upto Sum Insured
Bariatric Surgery Cover	Upto Sum Insured
In-Patient Dental Treatment	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	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

#### Rider Cover for TATA AIG MediCare UIN TATHLIP26053V042526

Package Name	Rider Names	Cover/Benefit Name	Coverage Limit
Restore Infinity Plus	Flexi Shield UIN: TATHLIA25039V012425	Restore Infinity Plus	Applicable
Inflation Protect	Flexi Shield UIN: TATHLIA25039V012425	Inflation Protect	Available

#### Nominee Details for Proposer:

Nominee Name	Relationship To Policyholder
VANITABEN GODHANI	Spouse

In case of enhanced Sum Insured, all waiting periods will be applied afresh.

#### Waiting Period Details:

#### Wellness Reward Details For Renewal Schedules

#### Wellness Reward Details^:

For Multi-Individual Policy

Member Name	Sum Insured inclusive of cumulative bonus	30 Days waiting period	2 year exclusion for specific illness & Treatment
Maheshbhai C Godhani	300000	Waived off	Waived off
Maheshbhai C Godhani	200000	Waived off	Reduced to 1 Year
Vanitaben M Godhani	300000	Waived off	Waived off
Vanitaben M Godhani	200000	Waived off	Reduced to 1 Year

For more details on your Wellness rewards, please visit our TATA AIG customer application.

**Policy Comments (If Applicable)**

Claim Servicing Details	
Name of Claim Administrator	Tata AIG Health Claim
Website	<a href="http://www.tataaig.com/">http://www.tataaig.com/</a>
Email	customersupport@tataaig.com
Claim Administrator 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.50/- 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/45/2025/1337 Validity Period Dt.30/04/2025 To Dt.14/03/2028 Date :10/07/2025

Place: GUJARAT

Date: 17/07/2025

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).



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

<b>Age of the members insured</b>	<b>Coverage opted on individual basis covering each member of the family separately (at a single point of time).</b>		<b>Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured available for each member of the family).</b>				<b>Coverage opted on family floater basis with overall Sum Insured (only one sum insured available for entire family).</b>			
	#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 (₹)
51			30528.00	0	30528.00	500000.00	30528.00	22 %	23811.84	50000
50			27947.00	0	27947.00	500000.00	27947.00	22 %	21798.66	0.00
	#Total Premium for all members of the family is ₹0 when each member is covered separately.		#Total Premium for all members of the family is ₹58475 when they are covered under a single policy.				#Total Premium when policy is opted on floater basis is ₹45610.5			
	Sum Insured available for each individual is ₹_____ .		Sum Insured available for each family member is ₹_____ .				Sum Insured of ₹500000.00 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.

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## 80D Certificate

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

Date	10/07/2025
Policy No.	0238571215-03
Customer Name	Maheshbhai Chhaganbhai Godhani
GSTIN No.	

**Sub:** Tax Benefit Letter for TATA AIG Medicare Policy No. 0238571215-03

Dear Sir/Madam,

This is to certify that Premium amount of Rs 51587 (Fifty One Thousand Five Hundred Eighty Seven) for health insurance Policy No. 0238571215-03 issued to Maheshbhai Chhaganbhai Godhani for the period 17/07/2025 to 16/07/2026 has been paid.

**Receipt Illustration:**

Receipt ID	Name of Payer	Mode of payment	Amount paid
102201111329878	Maheshbhai Chhaganbhai Godhani	Link	₹ 51,587.00
	Total Amount Paid		₹ 51,587.00

**Premium Illustration (Member Wise):**

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
0IP0319194503046	Maheshbhai C Godhani	Self	₹ 26,931.91
0IP0319194504045	Vanitaben M Godhani	Spouse	₹ 24,654.93
Total Premium Paid (Inclusive of Loading & Taxes collected)			51587

For any questions or additional support, please visit our website at [www.tataaig.com](http://www.tataaig.com) or download the TATA AIG App for assistance.

We assure you of our best services at all times.

Date of Issue	10/07/2025	Place of Issue	AHMEDABAD
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**TATA AIG MediCare**



**\*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: 10/07/2025**

**Location: Mumbai**

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## Receipt

Receipt No.	102201111329878
Receipt Date	10/07/2025
Policy No.	0238571215-03

Received with thanks from Maheshbhai Chhaganbhai Godhani a sum of Rs. 51587 ( Rupees Rupees Fifty One Thousand Five Hundred Eighty Seven only).

Sr No.	Policy Number	Mode of Payment	Total Premium	Utilized from the receipt for policy	Balance
1	0238571215-03	Link	51587	51587	0

## Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realization.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

Revenue (consolidated) stamp duty duly paid via Challan no: date the for applicable cases.

GSTIN: 24AABCT3518Q1Z2	Service Accounting Code: 997133
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## Transcript of the Proposal Form

Proposal No.	PPR/BT/28559/7020185280	URN No.	AH/2024-25/HL-15	Intermediary Code	AGINBHGAPS0708H
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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)	Maheshbhai Chhaganbhai Godhani		
Date Of Birth (DD/MM/YYYY)	07/02/1974	Gender	MALE
Unique Govt. ID No.	-	Mobile No.	9913295929
Alternate Mobile No.	-	Pan Card No.	-
Annual Income (in lakhs)			
Occupation	-		
Marital Status	Married		
E-Mail ID	RAMANIKAPIL284@YAHOO.COM		
Residential Address^	A-404,MAMTA PARK RESIDENCY BEHIND ASPIRE SCHOOL NEAR SHIVDHARA CAMPUS MOTA VARACHHA CHORASI		
Landmark	-	Area	-
City/Town	SURAT	Pin Code	394101
District	-	State	GUJARAT
Permanent Address	<input type="checkbox"/> If same as Residential Address in India, please tick here A-404,MAMTA PARK RESIDENCY BEHIND ASPIRE SCHOOL NEAR SHIVDHARA CAMPUS MOTA VARACHHA CHORASI		
Landmark	-	Area	-
City/Town	SURAT	Pin Code	394101
District	-	State	GUJARAT

<sup>^</sup>Note:

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## TATA AIG MediCare



- Here 'Address' implies the place where the person ordinarily resides. In case proposed prospect(s) reside at multiple addresses, then address of the person residing in the highest zone to be provided.
- Zone definitions as mentioned in the prospectus (wherein Zone A is highest followed by Zone B and Zone C respectively)
- Declared 'Address' will form the basis for the calculation of the premium.
- 'Address' is a material fact for calculation of the premium. "Material facts" for the purpose of this Policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Any misrepresentation or misdescription of the same or established fraud by the Policyholder may lead to termination of the policy as per Policy terms and conditions and accordingly all premium paid thereon shall be forfeited to the Company.

TATA Group Employee

### 2. Plan Details:

Proposed Policy Period: 17/07/2025 To 16/07/2026

Policy Tenure:  1 year  2 Years (5% premium discount)  3 Years (7.5% Premium Discount)

Sum Insured Type:  Floater  Individual

Room Category:  All room categories covered  Shared Accommodation

Accidental Death Benefit\*:  Yes

No Claim Bonus:  Cumulative Bonus  Discount in Renewal Premium (No Claim Bonus)

You will have an option to choose Cumulative Bonus or Discount in Renewal Premium (No Claim Bonus) at the time of renewal of the Policy.

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

### Rider Cover for TATA AIG MediCare UIN TATHLIP26053V042526

Package Name	Rider Names	Cover/Benefit Name	Coverage Limit
Restore Infinity Plus	Flexi Shield UIN: TATHLIA25039V012425	Restore Infinity Plus	Applicable
Inflation Protect	Flexi Shield UIN: TATHLIA25039V012425	Inflation Protect	Available

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

Insured Person's Name	Insured 1	Insured 2
Name of the Proposed Insured Person	Maheshbhai C Godhani	Vanitaben M Godhani
Gender	M	F
Relationship with the Proposer*	Self	Spouse
Date of Birth	07/02/1974	04/03/1975
Height (Cms)	167	162
Weight (Kgs)	62	59
Sum Insured#	500000	
ABHA Number (14 digits)^^		

\*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.

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**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.

Details/Particulars	Nominee 1
Date of Birth*	04/03/1975
Relationship	Spouse
Present Address of the Nominee	
Permanent Address of the Nominee	If same as Present Address:
Mobile	
Email ID	
Percentage Share for Claim Amount Payable	100

**Bank Details of the Nominee:**

Name of the Account Holder	
Name of the Bank	
Branch Bank	
Account No.	
Bank IFSC Code	
Account Type	-

**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

\*In case of portability, please fill up IRDAI Portability Form. Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach at least 30 days prior to your expiry date to avoid any break in coverage. Please submit all previous year Insurance Policy copies.

#### 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?	Y	Y
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 6 (A) is ticked 'Yes'.

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

Insured Name	Name of Disease(Medical)	Date of diagnosis	Medication history	Mode of medication	Progress	Complications(S)
Maheshbhai C Godhani						
Vanitaben M Godhani						

##### 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: Maheshbhai Chhaganbhai Godhani  
(If different from proposer)

Relationship with the Proposer: -  
(If different from proposer)

Premium Amount (in ₹): 51587

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:**

- I/We hereby confirm that all premiums paid/payable in future will be from bona fide 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.
- 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: Maheshbhai Chhaganbhai  
Godhani

Date: 10/07/2025

**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 (RTGS)/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 checked="" type="checkbox"/> Others(please specify) -

Please fill an auto debit form for deduction of amount towards premium payment from bank account.

**9. Declaration & Warranty on Behalf of all Persons Proposed to be Insured:**

- I 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 am authorised 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 authorise 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.
- Ayushman Bharat Health Account (ABHA) Declaration: I on behalf of all Proposed Insured Person(s) provide consent to access the medical and personal records/details [of all Proposed 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.
- 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.

Signature of Proposer: Maheshbhai Chhaganbhai Godhani

Date: 10/07/2025

For detailed terms, conditions, exclusions and Policy Wordings please refer our website ([www.tataaig.com](http://www.tataaig.com))

**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:**

Maheshbhai Chhaganbhai Godhani

**Name & Signature of Agent/Intermediary with Code:**

JIGAR ATULBHAI SHAH & AGINBHGAPS0708H

**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:**

Maheshbhai Chhaganbhai Godhani

**Name & Signature of Agent/Intermediary:**

JIGAR ATULBHAI SHAH & AGINBHGAPS0708H

**Disability Declaration:**

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

I certify that the replies in the Proposal Form have been recorded as per the information provided by me. I, (Full name of the representative) - (Relationship with the Proposer) - ,adult and inhabitant of (City) - residing at - do hereby certify that I 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 Ltd., to the Proposer and they have understood the same. I declare that the facts stated herein are true and correct to the best of my knowledge and belief.

**Signature of the Authorised Person:** \_\_\_\_\_



**11. Agent Declaration:**

I, JIGAR ATULBHAI SHAH 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) : AGINBHGPS0708H

Name of the specified Person and code : JIGAR ATULBHAI SHAH & AGINBHGPS0708H

Place: AHMEDABAD Date : 10/07/2025 Signature of Agent : JIGAR ATULBHAI SHAH

**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.

**Section 64 VB of Insurance Act:**

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

**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: TATHLIP26053V042526

**14. Acknowledgement (To be given to Customer)****Application Number:****Date:** 10/07/2025**Name of the Proposer:** Maheshbhai Chhaganbhai Godhani

We acknowledge with thanks the receipt of your application for Tata AIG Medicare and amount by 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, this 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-fulfillments of Pre-Policy Checkup 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 30 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 30 days, we shall cancel application and refund the premium paid 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.

**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.



## TATA AIG MediCare



### TATA AIG Medicare



Name : Maheshbhai C Godhani  
 Age : 51  
 Gender : MALE  
 Policy No. : 0238571215-03  
 From : 17/07/2025  
 To : 16/07/2026  
 Member ID : OIP0319194503046

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](http://www.tataaig.com)  
 Email: [healthclaimsupport@tataaig.com](mailto:healthclaimsupport@tataaig.com), TATA AIG Medicare UIN:TATHLIP26053V042526

### 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.

#### TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013  
 24\*7 Toll free No.: 1800 266 7780, 1800 229 966 (For Senior Citizens)  
 Email : [customersupport@tataaig.com](mailto:customersupport@tataaig.com) • IRDA of India Registration No.: 108 • Website : [www.tataaig.com](http://www.tataaig.com)  
 CIN : U85110MH2000PLC128425 • TATA AIG Medicare UIN : TATHLIP26053V042526

### TATA AIG Medicare



Name : Vanitaben M Godhani  
 Age : 50  
 Gender : FEMALE  
 Policy No. : 0238571215-03  
 From : 17/07/2025  
 To : 16/07/2026  
 Member ID : OIP0319194504045

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](http://www.tataaig.com)  
 Email: [healthclaimsupport@tataaig.com](mailto:healthclaimsupport@tataaig.com), TATA AIG Medicare UIN:TATHLIP26053V042526

### Terms and Conditions



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