



Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy wordings carefully before concluding a sale

PART C: MEDICAL & LIFESTYLE INFORMATION

Does the Insured person/applicant has any pre-existing medical condition or any current medications and are unfit for travel.

Yes ☐ No ☐

In case, yes, please refer the same to the underwriter.

PART D: NOMINEE DETAILS

Nominee Name

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Relationship with the Insured Person

[illegible]

DOB

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Gender:

Male ☒ Female ☐

Address

A1602 PLATINUM HEIGHTS RAMPRASTHA SECTOR 8 VAISHAL

In the event of the death of the insured person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions.

SECTION III: DECLARATION BY INSURED PERSON

- ☒ I/ We hereby declare, on my behalf that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge.
- ☒ 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 payment 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 after the proposal has been submitted but before communication of the risk acceptance by the company.
- ☒ I/ We authorize the company to share information pertaining to my proposal including the medical records of the insured for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

Signature of the Insured Person: _____

Date:

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 Place: BANGALORE

INTERMEDIARY 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 Insured: _____

Name & Signature of Agent/Intermediary/Specified Person: _____

Code:

Vernacular Declaration (Certification in case the applicant 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 applicant who has understood and confirmed the same.

Signature/Thumb impression of the Insured person:

Name & Signature of Agent/Intermediary/Specified Person: _____

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) Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com IRDA of India
Registration No: 108 CIN: U85110MH2000PLC128425 UIN: TATTG0P23085022223

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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 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.

CUSTOMER ACKNOWLEDGEMENT:

I hereby authorize to deduct an amount of INR 50370 only from the Loan Account number: A2403280247 for paying the premium for the said TATA AIG's Group overseas travel guard insurance policy.

Insured Person/Applicant signature: _____

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