

Barcode:

Name: Vineet Singh

Address: GANGES GARDEN PHASE-3 3RD FLOOR FLAT-3B 106 KIRAN CHANDRA
SINGH ROAD HOWRAH WEST BENGAL 711102

Contact No.: 9830323302



Be worry-free - Your health is secure with TATA AIG!









Hello Vineet Singh!

Your Policy has been issued with Policy No. 7000170537-02.

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



Below is a Quick Glimpse of Benefits*

	In-Patient Treatment	Covers hospitalisation 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.		Restore Benefit	Automatically restore the Basic Sum Insured if the Sum Insured and accrued Cumulative Bonus is insufficient to pay a claim during the Policy Period.
	OPD Treatment - Dental	Covers expenses related to Root Canal Treatment, Tooth extraction(s) and/or Filling.		Global Cover For Planned Hospitalisation	Covers medical expenses up to Sum Insured for treatment overseas, if diagnosed in India, subject to conditions.
	High End Diagnostics	Covers listed diagnostic tests on an OPD basis, if required as a part of treatment.		OPD Treatment	Covers outpatient consultations and pharmacy cost after completion of two years of continuous coverage with us.
	Maternity Cover	Covers maternity expenses after the given waiting period.		Vaccination Cover	Covers costs for specified vaccines like Typhoid, Anti-Rabies, etc.

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 Prospectus.

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 Premier • UIN: TATHLIP26052V052526

Policy Schedule

Policy Number	7000170537-02	
Policyholder's Name	Vineet Singh	
Policy Holder's Permanent Address	GANGES GARDEN PHASE-3 3RD FLOOR FLAT-3B 106 KIRAN CHANDRA SINGH ROAD HOWRAH WEST BENGAL 711102	
Policyholder's Contact No.	9830323302	
Policy Period	From: 12/09/2025 00:00	To: 11/09/2026 23:59

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](https://wa.me/919136160375)

Intermediary Name	Intermediary Code	Intermediary Contact No.
SUMAN CHOPRA	8737094	9831126725

Issuing Office	KOLKATA	Policyholder's Residency Status	Indian
Client ID	6144161940	Product Name	TATA AIG MediCare Premier
Proposal No.	PPR/BT/28554/7030372187	Plan Type	Floater
Premium Payment Zone	Zone B	Business Type	Renewal
Policy Tenure	1 year		

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Insured Person Details:

Insured Person's Name	Vineet Singh	Punita Singh	Aradhya Singh	Akshat Singh
Insured with TATA AIG General Insurance Co. Ltd. Since	12/09/2023	12/09/2023	12/09/2023	12/09/2023
Ayushman Bharat Health Account (ABHA) No	-	-	-	-
Member ID	IDV00079566201035	IDV00079566202033	IDV00079566203007	IDV00079566204011
Date of Birth	15/06/1988	24/10/1989	18/05/2016	29/03/2012
Age (In Years)	37	35	9	13
Relationship to Policyholder	Self	Spouse	Daughter 1	Son 1
Restore Benefit % Applicable for the Policy Period	100% of SI	100% of SI	100% of SI	100% of SI
Sum Insured (₹)#	5000000			
Cumulative Bonus (₹)^	37,50,000			
Discount in Renewal Premium (No Claim Bonus) Opted	-			
Accidental Death Sum Insured (₹)	5000000			
Underwriting Loadings (₹)	Discounts (₹)	Net Premium (₹)	Tax, Duties And Cess As Applicable (₹)	Gross Premium (₹)
0	19318.08	46559.22	8380.66	54940

Gross Premium (In Words): Rupees Fifty Four Thousand Nine Hundred Forty only

Net Premium is inclusive of the premium impact of the optional cover and/or Rider 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

*For Family Floater Policy, Sum Insured and cumulative bonus floats among the Insured Persons of the family as mentioned above. Earned Cumulative Bonus shall not be applicable for newly added members in this Policy.

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

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Managing Your Policy Just Became Easier



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Policy



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AIG App



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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

Benefit Name	Coverage Limit
	Sum Insured Up to ₹ 50 Lakhs
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 ₹ 5000 per Hospitalization
Health Check-up	Upto 1% of Sum Insured; maximum ₹10,000 per policy on cashless basis
Compassionate travel	Upto ₹20,000 per policy year
Consumables Benefit	Upto Sum Insured
Global Cover for Planned Hospitalization	Upto Sum Insured For applicability refer to Special condition as mentioned under Clause B13 Global Cover for Planned Hospitalization, of the Policy
Bariatric Surgery Cover	Upto Sum Insured

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In-patient Treatment - Dental	Upto Sum Insured
Vaccination cover	Upto Sum Insured
Hearing Aid	50% of actuals; maximum ₹10,000 per policy
Daily cash for choosing shared accommodation	0.25% of base Sum Insured; maximum ₹2000 per day
Daily cash for accompanying an insured child	0.25% of base Sum Insured; maximum ₹2000 per day
Second Opinion	Covered
Maternity Cover	₹50,000 (₹60,000 for birth of girl child)
Delivery Complications Cover	Up to ₹10000
First year Vaccinations	Upto ₹10000 (₹15000 for girl child) The limit is a lifetime limit and not a policy limit which will be applicable for each child.
Prolonged Hospitalization Benefit	1% of Sum Insured
High End Diagnostics	Upto ₹25,000 per policy year
OPD Treatment	Upto ₹5,000 per Policy Year
OPD Treatment - Dental	Upto ₹10,000 per Policy Year
Emergency Air Ambulance Cover	Upto ₹5,00,000
Accidental Death Benefit	100% of base Sum Insured
Wellness Services	<ul style="list-style-type: none"> i. Unlimited Teleconsultation General ii. Unlimited Teleconsultation - Specialist iii. Health Condition Management <ul style="list-style-type: none"> (a. Diet & Weight Management Program Stress Management Program b. Stress Management Program) iv. Redeemable voucher/Discount on services v. Ambulance Booking facility vi. Emergency Help me feature
Wellness Program	Available

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WITH YOU ALWAYS

TATA AIG MediCare Premier

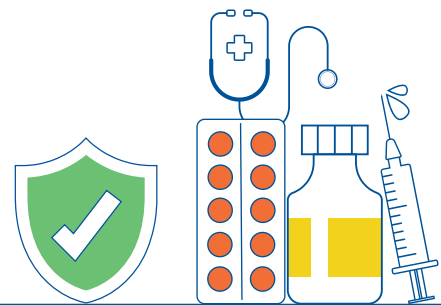


Rider Cover for TATA AIG MediCare Premier UIN TATHLIP26052V052526

Package Name	Rider Names	Cover/Benefit Name	Coverage Limit
Restore Infinity Plus	Flexi Shield UIN: TATHLIA25039V012425	Restore Infinity Plus	Applicable
Global Suraksha	Flexi Shield UIN: TATHLIA25039V012425	International Second Opinion	Covered
		Worldwide Hospital Cash Benefit Rider	30 Days Rs 30,000 per day Deductible 2 days
Cumulative Bonus Shield	Flexi Shield UIN: TATHLIA25039V012425	Cumulative Bonus Shield	RS 50000
Inflation Protect	Flexi Shield UIN: TATHLIA25039V012425	Inflation Protect	Available

Nominee Details for Policyholder:

Nominee Name	Relationship To Policyholder
PUNITA SINGH	As attached
BHAWANA SINGH	As attached



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

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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
Vineet Singh	2500000	Waived off	Waived off
Vineet Singh	2500000	Waived off	Reduced to 1 Year
Punita Singh	2500000	Waived off	Waived off
Punita Singh	2500000	Waived off	Reduced to 1 Year
Aradhya Singh	2500000	Waived off	Waived off
Aradhya Singh	2500000	Waived off	Reduced to 1 Year
Akshat Singh	2500000	Waived off	Waived off
Akshat Singh	2500000	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	http://www.tataaig.com/
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.500/- 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/70/2025/2494 Validity Period Dt.30/06/2025 To Dt.25/07/2028 Date :29/08/2025	
Place : WEST BENGAL	Date : 12/09/2025
For and on behalf of TATA AIG General Insurance Company Limited	
Authorized Signatory	

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**

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 (₹)
37			20622.00	0	20622.00	500000.00	20622.00	32 %	14022.96	500000.00
35			17325.00	0	17325.00	500000.00	17325.00	32 %	11781.00	
9			11211.00	0	11211.00	500000.00	11211.00	32 %	7623.48	
13			11211.00	0	11211.00	500000.00	11211.00	32 %	7623.48	
	#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 ₹60369 when they are covered under a single policy				#Total Premium when policy is opted on floater basis is ₹41050.92			
	Sum Insured available for each individual is ₹_____		Sum Insured available for each family member is ₹_____				Sum Insured of ₹5000000.00 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	29/08/2025
Policy No.	7000170537-02
Customer Name	Vineet Singh
Address	GANGES GARDEN PHASE-3 3RD FLOOR FLAT-3B 106 KIRAN CHANDRA SINGH ROAD HOWRAH WEST BENGAL 711102
GSTIN No.	

Dear Sir/Madam,

Sub: Tax Benefit Letter for TATA AIG MediCare Premier Policy No. 7000170537-02

This is to certify that Premium amount of Rs 54940 (Fifty Four Thousand Nine Hundred Forty) for health insurance Policy No. 7000170537-02 issued to Vineet Singh for the period 12/09/2025 to 11/09/2026 has been paid.

Receipt Illustration:

Receipt ID	Name of Payer	Mode of payment	Amount paid
104001115219145	Vineet Singh	Online	₹ 54,940.00
	Total Amount Paid		₹ 54,940.00

Premium Illustration (Member Wise):

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
IDV00079566201035	Vineet Singh	Self	₹ 18,527.71
IDV00079566202033	Punita Singh	Spouse	₹ 15,665.41
IDV00079566203007	Aradhya Singh	Daughter 1	₹ 10,373.38
IDV00079566204011	Akshat Singh	Son 1	₹ 10,373.38
Total Premium Paid (Inclusive of Loading & Taxes collected)			54940

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	29/08/2025	Place of Issue	KOLKATA
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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.

Regards,

For TATA AIG General Insurance Company Limited

Digitally Signed By: Shammi Kapoor

Date: 29/08/2025

Location: Mumbai

Authorized Signatory



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Receipt

Receipt No.		104001115219145			
Receipt Date		29/08/2025			
Policy No.		7000170537-02			
Received with thanks from Vineet Singh a sum of Rs. 54940 (Rupees Rupees Fifty Four Thousand Nine Hundred Forty only)					
Sr No.	Policy Number	Mode of Payment	Total Premium	Utilized from the receipt for policy	Balance
1	7000170537-02	Online	54940	54940	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: 19AABCT3518Q1ZT			Service Accounting Code: 997133		

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Transcript of the Proposal Form

Proposal No.	PPR/BT/28554/7030372187	URN No.	AH/2024-25/HL-14	Intermediary Code	8737094
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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)	Vineet Singh		
Date Of Birth (DD/MM/YYYY)	15/06/1988	Gender	MALE
Unique Govt. ID No.	-		
PAN Card No.	-		
Annual Income (in lakhs)			
Occupation	-		
Marital Status	Married		
E-Mail ID	vineetsinghh87@gmail.com		

i. Is Nationality or Residence Status of either the Proposer or any of the Insured Person(s) is 'other than Indian' (i.e. the Nationality or Residence Status is Non Resident Indians (NRI)/ Overseas Citizen of India (OCI)/ Foreign Nationals)? ☐ Yes ☒ No

ii. If you are Resident Indian National and want to opt out of Global Cover for Planned Hospitalization ☐ Yes ☒ No

*If the answer to (i) or (ii) above is 'Yes', you are eligible for a premium discount and 'Global Cover for Planned Hospitalization' as a Benefit is not available under this policy and no claim shall be admissible under this section.

Nationality	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Foreign Nationals		
Mobile	9830323302	Alternate Mobile	-
Residential Address In India^	GANGES GARDEN PHASE-3 3RD FLOOR FLAT-3B 106 KIRAN CHANDRA SINGH ROAD		
Landmark	-	Area	-
City/Town	HOWRAH	Pin Code	711102
District	-	State	WEST BENGAL

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Permanent Address	<input type="checkbox"/> If same as Residential Address in India, please tick here		
	GANGES GARDEN PHASE-3 3RD FLOOR FLAT-3B 106 KIRAN CHANDRA SINGH ROAD		
Landmark	-	Area	-
City/Town	HOWRAH	Pin Code	711102
District	-	State	WEST BENGAL

^Note:

- Here 'Address' implies the place where the person ordinarily resides. In case proposed Insured Person(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 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 Commencement Date(DD/MM/YYYY): To

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

Sum insured type: ☒ Floater ☐ Individual

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.

Rider Cover for TATA AIG MediCare Premier UIN TATHLIP26052V052526			
Package Name	Rider Names	Cover/Benefit Name	Coverage Limit
Restore Infinity Plus	Flexi Shield UIN: TATHLIA25039V012425	Restore Infinity Plus	Applicable
Global Suraksha	Flexi Shield UIN: TATHLIA25039V012425	International Second Opinion	Covered
		Worldwide Hospital Cash Benefit Rider	30 Days Rs 30,000 per day Deductible 2 days
Cumulative Bonus Shield	Flexi Shield UIN: TATHLIA25039V012425	Cumulative Bonus Shield	RS 50000
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	Insured 3	Insured 4
Name of the Proposed Insured Person	Vineet Singh	Punita Singh	Aradhya Singh	Akshat Singh
Gender	M	F	F	M
Relationship with the Proposer*	Self	Spouse	Daughter 1	Son 1
Date of Birth	15/06/1988	24/10/1989	18/05/2016	29/03/2012
Height (Cms)	170	162	130	142
Weight (Kgs)	80	70	50	40
Sum Insured (₹) #	5000000			
ABHA Number (14 digits)^				

*Allowed relations.

Family Floater: Self, Spouse (Same or opposite gender), Dependent Children, Parents/Parents-in-law.

Individual: Self, Spouse/ Partners, Dependent Children, Parents/Parents-in-law, Grandparents, Grandchildren, Siblings (Sister/Brother), Uncle, Aunt, Nephew, Niece, Employee, Domestic Help, Legal Guardian

For coverage of the below mentioned relationships, submit the listed documents:

Relationship	Documents to be submitted
Employee	Employment letter
Domestic Help	Declaration Form for Domestic Help Coverage
Legal Guardian	Legal guardianship certificate

Sum Insured options available Rs. (5, 10, 15, 20, 25, 50, 75, 100, 200, 300 Lakhs); Same Sum Insured for all members in floater option

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.

Details/Particulars	Nominee 1	Nominee 2
Date of Birth*	24/10/1989	12/12/1994
Relationship	As attached	As attached
Present Address of the Nominee		
Permanent Address of the Nominee	If same as Present Address:	If same as Present Address:
Mobile		
Email ID		
Percentage Share for Claim Amount Payable	50	50

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

*Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach us at least 45 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG MediCare Premier • UIN: TATHLIP26052V052526

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	3	4
Decline Disease Name	N	N	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	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	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	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	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	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	N	N
Has any health or life insurance policy ever been terminated in the past ?	N	N	N	N
Have you ever been diagnosed with any Thyroid Disorder with or without any follow-up tests/medications?	N	N	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	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	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: Vineet Singh
(If different from proposer)

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

Premium Amount (in ₹): 54940

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 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.
- 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.

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: Vineet Singh

Date: 29/08/2025

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 checked="" type="checkbox"/> Others(please specify) :

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

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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.
- ☒ 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: Vineet Singh

Date: 29/08/2025

Proposal signed on :

For detailed terms, conditions, exclusions and Policy Wordings please refer our website (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:

Vineet Singh

Name & Signature of Agent/Intermediary with Code:

SUMAN CHOPRA & 8737094

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:

Vineet Singh

Name & Signature of Agent/Intermediary:

SUMAN CHOPRA & 8737094

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, SUMAN CHOPRA 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) : 8737094

Name of the specified Person and code : SUMAN CHOPRA & 8737094

Place: KOLKATA Date : 29/08/2025 Signature of Agent : SUMAN CHOPRA

12. Section 41 of Insurance Act 1938 (Prohibition of Rebates) 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	

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14. Acknowledgement (To Be Given To Customer)

Proposal No.	PPR/BT/28554/7030372187	Date	29/08/2025
Name of the Proposer	Vineet Singh		

We acknowledge with thanks the receipt of your Proposal for TATA AIG MediCare Premier and amount by cheque/Demand Draft/others of amount of ₹ 54940. 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.

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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WITH YOU ALWAYS

TATA AIG MediCare Premier



TATA AIG MediCare Premier



Name : Vineet Singh
Age : 37
Gender : MALE
Policy No. : 7000170537-02
From : 12/09/2025
To : 11/09/2026
Member ID : IDV00079566201035

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 Premier UIN: TATHLIP26052V052526

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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TATA AIG MediCare Premier



Name : Punita Singh
Age : 35
Gender : FEMALE
Policy No. : 7000170537-02
From : 12/09/2025
To : 11/09/2026
Member ID : IDV00079566202033

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

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TATA AIG MediCare Premier



Name : Aradhya Singh
Age : 9
Gender : FEMALE
Policy No. : 7000170537-02
From : 12/09/2025
To : 11/09/2026
Member ID : IDV00079566203007

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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WITH YOU ALWAYS

TATA AIG MediCare Premier



TATA AIG MediCare Premier



WITH YOU ALWAYS

Name : Akshat Singh
Age : 13
Gender : MALE
Policy No. : 7000170537-02
From : 12/09/2025
To : 11/09/2026
Member ID : IDV00079566204011

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

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Hyderabad - 500016, Telangana, Toll Free No.: 18002667780, Website: www.tataaig.com
Email: healthclaimsupport@tataaig.com, TATA AIG MediCare Premier UIN: TATHLIP26052V052526

Terms and Conditions



WITH YOU ALWAYS

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