

Proposal Form



To help us serve you better, kindly ensure that the form is completely filled

	(This Insurance does not co		posal is accepted and			urance Company	Limited)
Proposa	ıl Details (In block lett	ers)			Form Number		
Interme	ediary Name						
Interme	ediary Code						
Paymen	t / Insurance Details						
Policy I	Number			Payment			Cash
Cheque	e / DD No.			(rayable to	Tata AIG General Insura Date:	D D M	
Bank N						Slip No.	1VI T T T T
PAN Ca					ence of PAN Card, pleantification card.	•	any other authorized
		Photo ID type _		Number	:		
	s of funds where applicable)	Salary	Business	Other (Ple	ease specify)		
Insuran	ce Plan Requested	With Sublimit		Without 9	Sublimit		
		Single Trip:	Silver Platinum	Silver Plus Senior Plan	Gold		
					Any Single Trip	not exceeding	30 Davs
		Annual Multi 1	Trip: Gold F	Platinum	Any Single Trip	ū	· =
		persons above 56	years of age, if opted	ply on Accident & Sic for "With Sub Limits P 1 years and policy term	kness Medical Expen Plan". 2) Under Annual	se Reimburseme Multi Trip, entry a	nt cover for Insured age is up to 70 years.
Travel D	Details		, ,	,	, series of all of		
	rip includes	Including Amer	icas	Excluding A	mericas		
Places	of Travel	1.					
		2.					
		3.					
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		Return to India:		D M M Y Y	Y Y Number o	of days	
Purnos	e of visit			Business Stud		•	
·	I Details		inprovincint	Justificas Stud	others		
insured	l Name Mr./Ms.	First Name				Last Name	
Date of	f Birth	D D M M	YYYY	fale Female	Passport N	o.	
Name o	of the organization						
Nomine	ee Name						
Relatio	nship with insured						
	ntial Address						
		City					
						PIN	
		State Tel. with area c	ode: In India			FIIN	
		While Overseas E-mail	,				
		ured Family Mem		ependent children			
Sr. No.	Name	Sex	Date of bir		sport No. Non	ninee Name	Relationship
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2		MF	D D M M Y				
3		MF	D D M M Y				
4		M F	D D M M Y	YYY			

	Treatmen	it	Institution	DOCTOR DETAILS (NAME/CONTACT NUMBER/ADDRES
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<u>6</u> 7				
	taking specific medicati ne prescribed medication		ify per family member	Yes No
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If yes, please specify	under a domestic and ovname, address and polic	y number of the insu	ırance company.	Yes No
Name	Policy No.	Ins	surance Company	Address
F 11 D . N	(4)			0 T . I N
Family Doctor Name	(1)			Contact Tel No.
	(2)			Contact tel. No
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Section 41 of Insurance Act 1938 (Prohibition of rebates)

GUARD

TRAVEL

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 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 prospectus or tables of the insurer. 2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs.

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

Tata AIG General Insurance Company Limited