

WELCOME LETTER

Renewal Business-SpeedPost-EM833598985IN-38586



Policy no : 0238705868

Renewal : 01

Endorsement : 00

Name : SAUMYARANJAN NANDA

Address : C/O GOBINDA CHANDRA NANDA
AT/PO - ADASPUR
CUTTCK
CUTTACK
ORISSA
754011
INDIA

Phone No : 7205168297

Dear SAUMYARANJAN NANDA,

We welcome you and thank you for choosing Tata AIG as your preferred health insurance partner.

We are glad that you have done the right thing by trusting Tata AIG MediCare Plus. Tata AIG MediCare Plus is a supplementary health insurance cover at affordable premium.

MediCare Plus comes with an aggregate deductible or threshold limit. This policy is designed to meet your medical expenses beyond the threshold limit specified in your policy schedule.

Below is a quick Glimpse of benefits:



**In-Patient
Treatment**



**Pre/Post-
Hospitalization
expenses**



**Day Care
Procedures**



**Organ
Donor**



**Domiciliary
Treatment**



**AYUSH
Benefit**



**Health
Checkup**



**Consumables
Benefit**



**In-Patient
Treatment -
Dental**



**Global Cover
(Optional Cover)**

Your welcome policy kit contains:

- Customer Information Booklet
- Policy Schedule
- Claim Form
- 80 D Certificate
- Policy Wordings
- Health Card

For any claim related assistance, notification of claim and submission of claim related documents, you can contact our claim processing TPA - Tata AIG Health Claim :

- Email : healthclaimsupport@tataaig.com
- Toll Free : 18002667780, 1800229966 (For Senior Citizens)
- Fax : 022 66938170

With you always
Regards

Authorised Signatory
For and behalf of TATA AIG General Insurance Company Limited

Insurance is the subject matter of 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.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013

24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA Registration No. 108, CIN No:U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: TATHLIP21253V022021

POLICY SCHEDULE

Intermediary/ Broker Name: KALPASMITA TIWARI
Intermediary/Broker License Number: AIG6644L
Intermediary/Broker Contact No.: 9238888879

Proposer's Name : SAUMYARANJAN NANDA Proposer's Address : C/O GOBINDA CHANDRA NANDA AT/PO - ADASPUR CUTTCK CUTTACK 754011 ORISSA GSTIN Number : Contact No : 7205168297 Place of Supply : ORISSA Supply Code : 21 Policy Number : 0238705868 Renewal : 01 Endorsement : 00	Issuing Office: BHUBANESHWAR Client Id: 6082262235 Proposal No: CHNLPORT28880416735 Policy Tenure: 1 Year Business Type: Renewal Business Plan Type: Floater Basis Product Name: TATA AIG Medicare Plus
---	---

Policy Period: From 06/11/2021 Time 00:00 Hrs. (Commencement date) To 05/11/2022 Time 23.59 Hrs. (Expiry Date)

Insured Persons Details:

Insured Person's Name	Insured with Tata AIG General Insurance Co.since	Member Id	Date of birth	Age	Relationship to Proposer	Sum Insured(Rs.)	Deductible (Rs.)	Cumulative Bonus(Rs.)
GOBINDA CHANDRA NANDA	05/11/2020	CHNLPORT 288804167 3501058	28/02/1962	59	Father	500,000.00	300,000.00	250,000.00
NIBEDITA NANDA	05/11/2020	CHNLPORT 288804167 3502049	17/06/1971	50	Mother			

Nominee Details for Proposer:

Nominee Name	Relationship to Proposer
NIBEDITA NANDA	Mother

The nominee must be an immediate relative of the Proposer

Benefits table

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
AYUSH Benefit	Upto sum insured
Ambulance Cover	Upto Rs. 3000 per Hospitalization
Health Checkup	Upto 1% of previous sum insured; max. upto Rs.10,000 per policy
Consumables Benefit	Upto sum insured
In-Patient Treatment – Dental	Upto sum insured
Second Opinion	Covered

Net Premium: (Rs) 9,795.00
Discounts: (Rs) 2,276.80
UGST/SGST (9%): (Rs) 881.55
CGST (9%): (Rs) 881.55
Gross Premium: (Rs) 11,558.10

Gross Premium amount(in words): Rupees Eleven Thousand Five Hundred Fifty-Eight And Ten Paise And Paise Zero Only

TPA Details (if any):

- Name of TPA : Tata AIG Health Claim
- Website : www.tataaig.com
- Email : healthclaimsupport@tataaig.com
- Toll Free : 18002667780
: 1800229966 (For Senior Citizens)
- Fax : 022 66938170
- Submit claim : 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.

Stamp Duty Registration Details

The stamp duty of Rs. 1 (RUPEES AND PAISE) paid by Demand Draft, vide Receipt/Challan no.LOA/CSD/155/2021/4250 dated 13/10/2021

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).

Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act, 1986*

This is to certify that the Proposer has paid Rs 11,558.10 Rupees Eleven Thousand Five Hundred Fifty-Eight And Ten Paise And Paise Zero Only towards premium for health Policy No 0238705868 issued to SAUMYARANJAN NANDA for the period 06/11/2021 to 05/11/2022.

Place : BHUBANESHWAR

Date : 06/11/2021

For and on behalf of **Tata AIG General Insurance Company Limited**



Authorized Signatory

*Note

1. This is subject to the provisions of Section 80D of Income Tax (Amendment) Act, 1986 as amended from time to time.
2. 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 policy holder
3. This certificate will not be issued if the premium payment has been made in cash/demand draft.

For Policy wordings, please scan the below QR code :



Policy Servicing Office:

TATA AIG General Insurance Company Ltd.

Registered Address:- BHUBANESHWAR,,,,,ORISSA,.

Insurance is the subject matter of 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.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013

24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA Registration No. 108, CIN No:U85110MH2000PLC128425, PAN: AABCT3518Q , UIN No: TATHLIP21253V022021

Specific Exclusion / loading if applicable

Member Id	Insured Person's Name	Exclusion	Loading Reason	Effective date for Exclusion/loading
CHNLPORT28880 41673501058	GOBINDA CHANDRA NANDA	ASTHMA	ASTHMA	05/11/2020

Insurance is the subject matter of 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.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013

24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA Registration No. 108, CIN No:U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: TATHLIP21253V022021

RECEIPT

Receipt No : 102001024446266

Receipt Date : 06/11/2021

Policy No : 0238705868 00 01

Received with thanks from MR SAUMYARANJAN NANDA a sum of Rs. 11558(Rupees Eleven Thousand Five Hundred Fifty-Eight And Paise Zero Only)vide Credit / Debit Card No 9999XXXXXXXX9999 dated 06/11/2021 Name as in credit/debit card - SAUMYARANJAN NANDAdrawn on HSBC BANK , branch towards

Sr.No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0238705868	11,558.10	11,558.00	0.00

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 realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

Revenue (consolidated) Stamp Duty duly paid vide challan No.CSD/170/2021/4377 date 28/10/2021 for applicable cases

GOBINDA CHANDRA NANDA, **59 years, Male**

Policy No.: 0238705868 01
Valid From: 06/11/2021
MEMBER ID: CHNLPORT2888041673501058

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, Phone-040-66864900

NIBEDITA NANDA, **50 years, Female**

Policy No.: 0238705868 01
Valid From: 06/11/2021
MEMBER ID: CHNLPORT2888041673502049

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, Phone-040-66864900

Terms and Conditions

1. Pre-authorization is compulsory from TPA 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 hospitalisation in network hospital can be obtained in conjunction with this card, an authorization letter issued by the TPA and photo identification such as voters ID, driving licence, passport, etc.
6. Photo ID Proof to be presented with this card at the time of availing benefits.

Tata AIG General Insurance Company Limited

Regd Office: 15th Floor, Tower A, Peninsula Business Park
G. K. Marg, Lower Parel, Mumbai-400 013
Toll Free No. (24x7): **1800 266 7780, 1800 229966** (For Senior Citizens)
Fax: 022 6693 8170 • Email: customersupport@tataaig.com
IRDA of India Registration No: 108 • website: www.tataaig.com
CIN: U85110MH2000PLC128425 | UIN: TATHLIP21253V022021

Terms and Conditions

1. Pre-authorization is compulsory from TPA 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 hospitalisation in network hospital can be obtained in conjunction with this card, an authorization letter issued by the TPA and photo identification such as voters ID, driving licence, passport, etc.
6. Photo ID Proof to be presented with this card at the time of availing benefits.

Tata AIG General Insurance Company Limited

Regd Office: 15th Floor, Tower A, Peninsula Business Park
G. K. Marg, Lower Parel, Mumbai-400 013
Toll Free No. (24x7): **1800 266 7780, 1800 229966** (For Senior Citizens)
Fax: 022 6693 8170 • Email: customersupport@tataaig.com
IRDA of India Registration No: 108 • website: www.tataaig.com
CIN: U85110MH2000PLC128425 | UIN: TATHLIP21253V022021

Insurance is the subject matter of 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.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013

24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA Registration No. 108, CIN No:U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: TATHLIP21253V022021

PROPOSAL FORM

Application No. CHNLPORT28880416735Agent Code: 1592380000

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.

1. PROPOSER'S DETAILS

Name (Mr/Mrs/Ms/Dr): SAUMYARANJAN NANDADate of Birth: 15/04/1991Gender: MALEMarital Status: MARRIEDOccupation: OTHERSMobile: 7205168297Income (in lakhs): ₹ 500000E-Mail: nanda.saumya2009@gmail.comAddress: C/O GOBINDA CHANDRA NANDA AT/PO - ADASPUR CUTTCK CUTTACK ORISSA 754011

Landmark: _____

Area: CUTTACKCity/Town: GOBINDPURDistrict: CUTTACKPin Code: 754011State: ORISSAPan card: AUMPN0881G

Voter's ID: _____

☐

Tata Group/Affinity Partner Employee

If yes, Employee ID : _____

2. PLAN DETAILS

Proposed Policy Period: 06/11/2021 to 05/11/2022Policy Tenure: 1 Year ☒ 2 Year (5% premium discount) ☐ 3 Year (10% premium discount) ☐Plan Type: Floater ☒ Individual ☐ Global Cover Rider: Yes ☐

*If opted, Global Cover Rider will be applicable for all insured persons in the policy.

3. DETAILS OF THE PERSON(S) TO BE INSURED

Sr No.	Name of the Insured Person	Gender	Relationship with Proposer	Date of Birth	Unique ID	Height	Weight	Sum Insured	Deductible
1	GOBINDA CHANDRA NANDA	Male	Father	28/02/1962	AUMPN0881G	175.26 cms	75 kgs	500,000.00	300,000.00
2	NIBEDITA NANDA	Female	Mother	17/06/1971		157.48 cms	60 kgs		

* Allowed relations (Spouse, children and dependent parents)

Sum Insured Options available (Rs. 3, 5, 10, 15, 20, 25, 50, 100 Lakhs); Same Sum Insured for all members in floater option *Deductible Options available (Rs. 2, 3, 5, 10, 15, 20 Lakhs); Same Deductible for all members in floater option

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.

Nominee Name	Date of Birth	Relationship
NIBEDITA NANDA	17/06/1971	Mother

The nominee must be an immediate relative of the Proposer.

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 ☒

Insurance is the subject matter of 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.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013

24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA Registration No. 108, CIN No:U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: TATHLIP21253V022021

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 Person						
	1	2	3	4	5	6	7
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	N	N	N
Chest Pain/Heart Disease	N	N	N	N	N	N	N
Arthritis	N	N	N	N	N	N	N
COPD	N	N	N	N	N	N	N
Kidney Failure/Dialysis	N	N	N	N	N	N	N
Liver Cirrhosis/Hepatitis B or C	N	N	N	N	N	N	N
Cancer	N	N	N	N	N	N	N
HIV/AIDs/STDs	N	N	N	N	N	N	N
Psychiatric Mental Illness or Disorder	N	N	N	N	N	N	N
Stroke,Epilepsy,Paralysis	N	N	N	N	N	N	N
Ulcerative Colitis/Crohn's disease	N	N	N	N	N	N	N
Auto-immune diseases	N	N	N	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	N	N	N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	N	N	N	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/ Diabetes/ Elevated Blood Pressure/ Hypertension/High Cholesterol/ Hypothyroidism	N	N	N	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? EDD:	N	N	N	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	N	N	N
Has any health or life insurance policy ever been terminated in the past?	N	N	N	N	N	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 proposal form.)

C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol?
If yes please indicate the name and quantity .

Yes ☐ No ☒

7. PAYMENT DETAILS

Name of the Premium Payer:
(if different from proposer) SAUMYARANJAN NANDA

Relationship with the proposer:
(if different from proposer) _____

Premium Amount (in Rs): ₹ 11,558.00

Instrument type: Credit/Debit

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

Sources of funds: ₹ 0

Insurance is the subject matter of 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.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013

24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA Registration No. 108, CIN No:U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: TATHLIP21253V022021

AML guidelines:

1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality INDIAN RESIDENT 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: SAUMYARANJAN NANDA

Date: 09/11/2021

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	BHUBANESHWAR
Account No.	
Bank IFSC Code	
Account Type	SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify) <input type="checkbox"/>

9. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- ☒ I here by 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 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.

Date: 09/11/2021 Signature of Proposer: SAUMYARANJAN NANDA

10. DECLARATION/VERNACULAR 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 Proposer: SAUMYARANJAN NANDA

Name & Signature of agent/intermediary with Code: KALPASMITA TIWARI & 1592380000

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

Signature/Thumb impression of the Proposer: SAUMYARANJAN NANDA

Name & Signature of agent/intermediary: KALPASMITA TIWARI & 1592380000

11. AGENT DECLARATION

I, KALPASMITA TIWARI (Full Name) 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 here in 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/CorporateAgent/Broker/Relationship Officer): AIG6644L

Name of the specified Person and code: KALPASMITA TIWARI & 1592380000

Place: BHUBANES| Date: 09/11/2021 Signature of Agent: KALPASMITA TIWARI

12. Prohibition of Rebates - Section 41 of the 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.

13. FOR OFFICE USE ONLY

Tata AIG Office Code: Intermediary Code and Name:

Branch Receipt Date: Channel Type:

Business type: Urban ☐ Rural ☐ Social ☐ Customer ID:

ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Application Number: CHNLPORT28880416735

Date: 09/11/2021

Name of the Proposer: SAUMYARANJAN NANDA

We acknowledge with thanks the receipt of your application for Tata AIG MediCare Plus and amount by

Cash ☐ Cheque ☐ Demand Draft ☐ Others ☐ of amount of Rs. ₹ 11,558.00

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.

Insurance is the subject matter of 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.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013

24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA Registration No. 108, CIN No:U85110MH2000PLC128425, PAN: AABCT3518Q , UIN No: TATHLIP21253V022021

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 (Rs)	Sum Insured (Rs)	Premium (Rs)	Discount if any	Premium after Discount (Rs)	Sum Insured (Rs)	Premium or consolidated premium for all members of the family (Rs)	Floater discount if any	Premium after discount (Rs)	Sum Insured (Rs)
59							Rs.6,878	20%	Rs.5502.4	Rs.500,000
50							Rs.4,506	20%	Rs.3604.8	
	Total Premium for all members of the family is Rs. when each member is covered separately		Total Premium for all members of the family is Rs. when they are covered under a single policy				Total Premium when policy is opted on floater basis is Rs.9107.2			
	Sum Insured available for each individual is Rs.		Sum Insured available for each family member is (Rs.) As per above table				Sum Insured of Rs.500,000 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.

Insurance is the subject matter of 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.

Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013

24*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA Registration No. 108, CIN No:U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: TATHLIP21253V022021