



DECLARATION

I, _____ son / daughter / wife of _____ have accepted the offer for
the position of _____ for

I hereby declare as following.

1. I _____ been convicted by any Court or Tribunal till date.
2. I _____ criminal matter pending against me in any Court or Tribunal in India or abroad.

- I. Following cases are pending against me for which the decision of the court is awaited

OR

- II. Following cases were registered against me for which I was imprisoned, and the case is now closed.

<u>Case Details</u>	<u>Case No & Date</u>	<u>Court & Location</u>	<u>Status</u>
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Case 1

Case 2

Case 3

Case 4

Case 5

3. I _____ association with any of the terrorist groups/organization and any such organization which is banned by the Government in India or by any foreign government having diplomatic relations with India. I further declare that I have not been a member/part of such organization in the past.

4. I _____ an active license/code with any Insurance Company.

5. I _____ relatives who are working as Agents / Point of Sale Person / Broker/MISP-

Motor Insurance Service Provider/ Corporate Agency/ Web-Aggregator or Vendor with Tata AIG General Insurance Company Limited (The relatives shall include spouse, brothers, sisters, parents, sons, daughter-in-law, son-in-law, brother-in-law, and Sister-in-law.)

Signature

Date :

Name: <hr/>		Height _____ Cm
Date of Birth:	Gender:	Weight _____ Kgs
Emergency Contact Number: <hr/>		Blood Group _____ (Mandatory)
Personal History:		
Smoking:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Tobacco Products:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcohol:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Permanent / Partial disability (if any):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Impaired sight/Color vision defects (if any):		Yes <input type="checkbox"/> No <input type="checkbox"/>
If you wear eyeglasses / lenses mention power - Left eye: Right eye:		
1. Have you ever been treated or diagnosed for any of the following:		
Diabetes:		Yes <input type="checkbox"/> No <input type="checkbox"/>
High Blood Pressure:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Disease:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Lung Disease:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Cancer:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Kidney Disease:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental Disorder:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis or Liver disorder:		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. In the last 6 months have you consulted a physician or currently receiving any medical treatment, advise for any condition (other than minor impairment such as cold or flu)		Yes <input type="checkbox"/> No <input type="checkbox"/>
3. In the past 2 years have you ever had any illness, injury, surgical operation, received treatment for any ailment for a continuous period of more than 2 weeks or been confined in a hospital, clinic or similar institution for any condition (other than minor impairment such as cold or flu).		Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Have you or your spouse received or expect to receive any medical advice, counseling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition, or had a blood test for antibodies to the AIDS virus (HIV test)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever been advised not to travel by any mode of transport due to medical or health reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. FEMALE ONLY: Are you pregnant? If "Yes", please state the expected date of delivery _____ (mm/dd/yyyy)	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. a) Have you had or advised to undergo any of the following tests or investigations in the past 12 months. If "Yes" please ✓ which of the following: <input type="checkbox"/> Blood tests <input type="checkbox"/> X- ray <input type="checkbox"/> USG <input type="checkbox"/> ECG <input type="checkbox"/> Biopsy <input type="checkbox"/> Endoscopy <input type="checkbox"/> Others : _____ Reason for tests: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 b) Were there any abnormalities found in any of the tests conducted	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Present state of health:	Good/Fair/Poor
"I hereby state and confirm that all the aforesaid information is true and correct to the best of my knowledge and belief and I agree and accept that if any information is subsequently found by Tata AIG General to be false/misleading, I will be liable to be immediately disqualified or dismissed from service without any notice or liability accruing to TATA AIG General Insurance Company Limited in this regard". <div style="display: flex; justify-content: space-between;"> <div>Place:</div> <div>Date:</div> <div>Signature</div> </div>	

EMPLOYEE DECLARATION ON CONFLICT OF INTEREST

I, _____ <Full Name> son / daughter / wife of _____
<Father / Husband Full Name> Employee code _____ working at
_____ <Office Address>, as _____ <designation>
hereby declare that;

1. I _____ **[do have / do not]** have any relatives who are working/associated with Tata AIG General Insurance Company Limited ("Tata AIG") as;
- i. Employee (On Roll/Off Roll/Retainer),
 - ii. Insurance Agents / Point of Sale Person / Insurance Broker
 - iii. Motor Insurance Service Provider
 - iv. Corporate Agent / Web Aggregator / Insurance Marketing Firm,
 - v. Garage / Surveyor / Hospital,
 - vi. Vendor / Service Provider providing any type of services to Tata AIG
 - vii. Employee with any general insurance company
 - viii. Insurance Intermediary of a general insurance company

2. Provide following details (*in case, the chosen option is "do have" in point no 1*),

Sr No	Name of Person/ Firm/ Company,	Type of Service / Working as Producer (specify producer code) / broking firm / insurance company	Address, Contact Number, email Id,	Relationship* with the employee	Any other relevant information

(*Indicative examples of Relationship: **Immediate Family Member** - Parents, siblings, spouse, partner, children, and In-Laws. **Personal Relationship** - Persons with whom you enjoy close personal relationships, may have in a family business or a company or firm that is a competitor, supplier, customer or distributor of, or has other business dealings with, our company.)

I hereby declare that the aforesaid information is true as of the date of this letter and I undertake to inform the Company as and when there is any change in the information provided herein. I further understand that if any of the above information is not true, the Company shall the right to take necessary action including but not limited to termination of my employment.

Name:

Signature:

Place:

Date: