



WITH YOU ALWAYS

Domestic Travel Guard Proposal Form

Producer Name :

Producer Code :

Travel Details

Place of Travel 1. 2.

3. 4.

5. 6.

Departure Date Arrival Date

Number of days

Mode of Travel (Please Tick) Rail Road Air Purpose of visit Leisure Business

Personal Details

Name

Address

City

State PIN

Tel (R) Tel (Off)

Mobile e Mail

Details of persons to be insured

Yes ! I would like to cover the following members of my family (Please fill in only for those members being covered)

	First Name	Surname	Date of Birth	Nominee Name* +	Relationship (with the insured)
Insured 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*+ In case the nominee is a minor, please provide the name of the guardian too.

Payment Mode (Please ✓ the appropriate box)

Total No. of Travel Days: Total No. of Insured :

Total Premium : Less Discount as per discount structure Net Premium

Cheque Demand Draft Cheque/Demand Draft No. Date

Payable in favour of Tata AIG General Insurance Company Ltd.

Name of the Bank Branch

Credit Card* No.: Expiry Date :

(*Only Visa/Master Card accepted)

PAN Card Number

In the absence of pan card, please give details of any other authorized photo identification card. Card type _____ & Number

Sources of funds (please ✓ where applicable): Salary Business Other (Please specify) _____

Medical Declaration

I am/we are covered under a Domestic & Overseas medical cover Yes No
If, Yes Please specify name, address and policy numbers of the insurance company.

Name	Policy No.	Insurance Company	Address

SIGN UP

*This Policy does not cover pre-existing medical conditions that are declared or undeclared. In the event of a claim, In order to determine eligibility for benefit Payments under the policy. I/We authorize any hospital, medical care, Institution, Physician, medical professional, Pharmacy or insures to furnish to Tata AIG General Insurance Company Ltd. or its representatives any and all medical information or records with respect to any injury or sickness suffered by the person whose death, injury, sickness or loss is the basis of a claim against the policy. *I/We understand that this authorization is valid during the pendency of the claim until all issues with regard thereto have been definitively resolved, either judicially or extra judicially. *I/We have read the Policy Prospectus and am/are willing to accept the insurance coverage, subject to all terms, conditions and exclusions described in that Policy Prospectus.

*I/We hereby declare and warrant that all of the statements in this and in the preceding paragraphs are true and complete. If it is found that the answers or particulars stated in this Proposal Form and Medical Declaration are incorrect or untrue in any respect. *I/We hereby acknowledge that the insurance company shall incur no liability for any insurance coverage.

AML Guidelines

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. I understand that the Company has the right to call for documents to establish sources of funds. 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.

Signature of the insured Person / Proposer

Date :

INSURANCE ACT 1933 Section 41 - Prohibition of Rebates

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 relation 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 prospectus or tables of the Insurer. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHED WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

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

Registered Office : Peninsula Corporate Park, Piramal Tower, 9th Floor, G.K. Marg, Lower Parel, Mumbai – 400013.
Toll Free Nos. 1800 266 7780 /1800 11 99 66* (* From MTNL / BSNL Lines Only) Visit us at www.tataaiginsurance.in