

Enrolment Form

Name of the Master Policyholder Master Policy Number	
Loan Account Number as maintained with Master Policyholder:	

This is an application for Insurance & will form the basis of the Policy Certificate of Insurance that We may issue. Every information, this application seeks is important & mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of Proposal and Policy Certificate even if it is issued. We are under no obligation to accept any Proposal for Insurance. 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 under the Policy if Proposal is not accepted by us or premium is not received by Us in full and in time, or non-fulfillments of additional information requested by us, if any or if the Proposal is under-process & Claim arises in the interim period before the decision on the Proposal is given by us. Commencement of risk cover under the Policy is subject to receipt of premium by TATA AIG General Insurance Company Limited.

Please fill-up this form in CAPITAL LETTERS

Part A: Proposed Insured Person Details:

Name* (Mr./Mrs./Ms.)																														
	First Name										Middle Name										Last Name									
Date of Birth*	DD/MM/YYYY										Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others																		
Nationality											Mobile No.																			
E-Mail ID											PAN No.																			
Occupation Type	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others (Please specify) _____																													
Address for Communication																														
Area/Landmark																														
City/Town											PIN Code																			
District											State																			
GSTIN No.																														

Part B: Loan Account Details:

Financer Name																					
Customer Loan Category																					
Loan Tenure											Loan/EMI Amount										
Cover Period (Years)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5										Note: Cover Period > 1 year is applicable in case of credit linked Policies.										
Sum Insured Basis	<input type="checkbox"/> Fixed Basis <input type="checkbox"/> Reducing Basis										Sum Insured Opted										
(Equivalent to or lesser than Loan Amount and max up to ₹5 Crores Per Insured Person)																					

Part C: Proposed Insured Person Details:

Do you want the co-applicant/s to be covered under this Policy? Yes No

Note: 1) In case of co-applicants, Sum insured would be apportioned equally among Insured Person(s).

2) In case of Partnership – Sum Insured will be split basis the proportion of holding in the partnership.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
 24*7 Customer Support No.: 022 6489 8282/1800 267 1955 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
 IRDA of India Registration No.: 10 • 8CIN: U85110MH2000PLC128425 • Group Criticare 360 UIN: TATHLGP24169V012324

Sr. No.	Name of the Insured Person(s)	ABHA Number	Past Medical History/Medical Condition (If Any)		Date of Birth	Gender	Occupation
1.	<<Applicant>>	<<Applicant>>	<<Past medical history/Medical condition, Since when>> <<If on medication>>	Survival Period - 0 Days Waiting Period - 90 Days	<<DD/MM/YYYY>>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	

I agree to share my medical records with TATA AIG / TPA through ABHA

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.

Part D: Covers Opted:

Sr. No.	Cover Type	Cover Name	Sum Insured	Remarks (if any)
1.		<<Coverage Name>>	<< Apportioned Loan amount / Sum Insured whichever is lower>>	
2.		<<Coverage Name>>	<< Apportioned Loan amount / Sum Insured whichever is lower>>	

Premium Paid (Inclusive of Taxes):

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 / close relative / family member / associate of Politically Exposed Persons.
*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.

Part E: Nominee Details:

In the event of the Death of the Insured Person any payment due under the Policy shall become payable to the Nominee in accordance with the Policy terms and conditions. The Nominee preferably should be an immediate relative of the Insured Person.

Insured Person Name	Nominee Name	Date of Birth*	Relationship with Nominee	Nominee Share %	Nominee Mobile No.	Nominee Email ID	Nominee Present/Permanent Address	Bank A/C No.
Applicant / Borrower 1		DD/MM/YYYY						

If the Nominee is minor, Name and relationship with Minor:

Applicant / Borrower 1	Appointee Name	Date of Birth	Relationship	Share %	Mobile No.	Email ID	Address	Bank A/C No.
		DD/MM/YYYY						

Part F: Existing/Previous Insurer Details & Past Claims Experience:

Is the Proposer or any of the persons Proposed to be Insured are already Insured under a health plan/similar kind of Policy with TATA AIG General Insurance Company Ltd. or any other Insurer or is a Proposal pending for Policy Issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please mention if you have lodged any claim in the past under Group Credit secure plus or Group EMI Protect Insurance Policy with TATA AIG General Insurance Company Ltd. or under similar Policies with other Insurance Companies in the past. If yes, please specify details:
If yes, please indicate the Policy/Application No. _____	If yes, please indicate the Policy/Application No. _____
If yes, (Please provide details):	
Applicant / Borrower 1	

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Part G: Medical & Lifestyle Information:

Please answer the below mentioned questions in: Yes No

Details	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4
Have you or any of the Persons Proposed for Insurance, ever suffered from or taken treatment, or hospitalised for or have been recommended to take investigations/medication/surgery or undergone a surgery for any of the following critical medical condition*?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, then details and mm/yy of treatment</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, then details and mm/yy of treatment</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, then details and mm/yy of treatment</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, then details and mm/yy of treatment</small>
Are you or any of the persons Proposed for Insurance in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or any of the persons Proposed for Insurance undergoing/awaiting any treatment for any illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, then details and mm/yy of treatment</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, then details and mm/yy of treatment</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, then details and mm/yy of treatment</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, then details and mm/yy of treatment</small>
*Critical medical condition would mean Cancer, End Stage Renal Failure, Multiple Sclerosis, Major Organ Transplant, Rheumatic heart disease, Coronary Artery Bypass Graft, Stroke, Paralysis, Myocardial Infarction, Angina, Total Blindness, Creutzfeldt-Jakob disease, Primary Pulmonary hypertension, Motor Neuron Disease with Permanent Symptoms, Progressive Scleroderma, Brain Tumor, and Lung/Liver Failure.				

Part H: Declaration and Warranty on Behalf of All Persons proposed to be Insured:

- I/We declare and agree that upon any monies becoming payable under this Policy the same shall be paid by the Company to the Bank/financial/lending institutions as specified on the Certificate of Insurance and such part of any monies so paid as may relate to the interests of other parties Insured hereunder shall be received by the Bank/financial/lending institutions as Agents for such other parties. That the receipts of the Bank/ financial/lending institutions shall be complete discharge of the Company therefore and shall be binding on all the parties Insured hereunder.
- 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 authorised to propose on behalf of these other persons.
- I/We understand that the Certificate of Insurance will be issued to me subject to date of loan agreement and Cover Period start date not having a gap of more than 90 days. If found otherwise, the certificate of insurance will be cancelled ab-initio and the Company will not be liable for any or all claims arising under this Policy.
- I/We understand that the Certificate of Insurance will be issued to me/us basis me/us being loanee of the above-mentioned Master Policyholder/Financer for the customer loan Category as declared above in Part B Loan Account Details. I also understand that If found otherwise the Certificate of Insurance will be cancelled ab-initio and the Company will not be liable for any or all claims arising under this Policy.
- I/We understand that the Company's maximum aggregate liability will be restricted to ₹5 Crore or cumulative of Sum Insured as mentioned in Certificate of Insurance of Policies held with us, whichever is lower irrespective of no. of Policies held with us.
- I/We understand that the information provided by me will form the basis of Insurance Policy, is subject to the underwriting Policy of the Insurance company and that the Policy will come into force only after full payment of the premium chargeable.
- I/We further declare that I/We will notify in writing any change occurring in the occupation or general health to be Insured/Proposer after the Proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or hospital who/which at anytime 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 Insurance company 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/We authorise the company to share information pertaining to my Proposal including the medical records of the Insured/Proposer for the sole purpose of Proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I/We understand that Fixed basis means the amount as specified against the Sum Insured which shall be the maximum liability under the Policy.
- I/We understand that Irrespective of Fixed basis or Reducing basis as opted and specified in the Policy Schedule/Certificate of Insurance, if the Sum Insured availed is higher than the Principal Outstanding Loan Amount (as on Cover Period start date), then the Sum Insured amount as mentioned in the Certificate of Insurance shall be substituted by the Principal Outstanding Loan Amount (as on Cover Period Start date) ab-initio and all Our liability in a case of a Claim shall be calculated accordingly.
- I/We understand that in case of credit/Loan linked policy, Cover Period will be equal to or less than the loan tenure up to a maximum of 5 years, whichever is applicable.
- I/We understand that the certificate of insurance forthwith terminate and the Company shall not be liable hereunder in the below scenarios:
 - Cancellation of Certificate of Insurance on the Cover Period end date or the date You cancel the Certificate of Insurance, whichever is earlier.
 - Cancellation of Certificate of Insurance in case of Loan transfer/Exit from the Group.
 - Cancellation of Certificate of Insurance on Foreclosure of Loan/Pre-payment of Loan/cancellation by Us
- I/We understand that in the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the Policy shall stand cancelled ab-initio and there will be no refund of premium.
- I/We understand the Master Policyholder will act for and on behalf of the Insured Person(s) in matters relating to this Policy and every act done by the Master Policyholder shall be binding on the Insured Person.

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16. I/We understand the Certificate of Insurance will always be subjected to the terms and condition, exclusions as applicable and agreed with the Master Policyholder.
17. In the event of closure of Loan as identified by the Loan Account Number declared in this Enrollment Form, I/We shall inform the Insurer about such loan closure immediately in order to cancel the cover under the Policy.
18. In case there is a change in any of the information already provided in the Proposal Form like mobile number, email IDs, residential address, bank account details, Nominee Details during the term of the Policy, Policyholder should update such information with the Insurer, to enable the Insurer to provide efficient Policy Servicing.
19. I understand that I will receive digital copy of my Policy and service-related communication. However, Please contact us if you prefer to also receive the physical copy of my Policy and service-related communication and these documents will be shared via postal mail to the address as mentioned in this Proposal Form.

Signature of Applicant: _____ Date: DD/MM/YYYY Place: _____

Disability Declaration:

(Note: The below must be witnessed by someone other than the Advisor/Intermediary/Employee of the Company).

I certify that the replies in the Enrollment Form have been recorded as per the information provided by me/us. I, (Full name of the representative) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We have read out and explained the contents of the Enrollment Form and all other documents incidental to availing the Insurance Policy from TATA AIG General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Signature of the Authorised Person: _____

Name & Signature of Agent/Intermediary/Specified Person: _____

Code: _____

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I have understood these and confirm to abide by the Policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of Agent/Intermediary/Specified Person: _____

Code: _____

Vernacular Declaration:

(Certification in case the Proposer has signed in Vernacular/Thumbprint).

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: _____

Prohibition of Rebates - Section 41 of 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.

Section 64 VB of the Insurance Act 1938:

Commencement of risk cover under the Policy is subject to receipt of premium by TATA AIG General Insurance Company Limited.

For Office Use only

Emp Id: _____

Partner Reference Id: _____

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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