

Enrolment Form – Group EMI Protect

Application No. /Loan Account No.:

Master Policy Reference no.

This is an application for Insurance & will form the basis of the policy certificate 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

1. Proposer/Insured Person's Information

Name: (Mr./Mrs./Ms)	First Name	Middle Name	Last Name
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Date of birth: _____ Gender: _____

Occupation: Salaried Self-employed Others (please specify) _____

Address for communication: _____

District: _____ City: _____ State: _____ Pin code: _____

Tel (O): _____ Mobile: _____ Email Id: _____ Premium (including Taxes) _____

Unique id no. : _____ PAN (in case of premium > Rs.50, 000) _____

EMI Amount per month (in Rs.) _____ No. of EMI: _____

District: _____ City: _____ State: _____ Pin code: _____

Vehicle Registration No. (Only in case of Garage Cash and Stolen Vehicle Protection Cover): _____

Policy tenure (Years): 1 2 3 4 5

2. INSURED PERSON'S DETAILS

Sr. No	Name of the Insured persons	Relationship with Applicant	Date of birth	Occupation	Gender	Unique Id no.
1						
2						
3						

3. NOMINEE DETAILS

Nominee Name _____ Relationship with the Insured Person _____

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 must be an immediate relative of the Insured Person.

4. MEDICAL AND LIFESTYLE INFORMATION

Please answer the below mentioned questions in Yes (Y) / No (N).

	Insured Person (Yes/No)
Have you, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for the following medical conditions?	
<input type="checkbox"/> Chest Pain / Heart Disease	
<input type="checkbox"/> Arthritis	
<input type="checkbox"/> COPD	
<input type="checkbox"/> Kidney Failure, Dialysis	
<input type="checkbox"/> Liver Cirrhosis/Hepatitis B or C	
<input type="checkbox"/> Cancer	
<input type="checkbox"/> HIV/AIDs/STDs	
<input type="checkbox"/> Stroke, Epilepsy, Paralysis	
<input type="checkbox"/> Psychiatric, Mental Illness or disorder	
<input type="checkbox"/> Ulcerative Colitis/Crohn's disease	
<input type="checkbox"/> Auto-immune diseases	
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	

Have you ever suffered or suffering or awaiting treatment or consultation for any of the following : 1) Epilepsy/Seizures 2) Color Blindness 3) Complete Deafness 4) Paralysis/Stroke	
Do you have any pre-existing disability?	
Pre-existing disease/Disability details, if any:	

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

- 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 authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved 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 of the life 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 authorize 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.

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 the Proposer: _____

Name & Signature of agent/intermediary/Specified Person: _____

Code: _____

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: _____

Name & Signature of agent/intermediary/Specified Person: _____

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.

For office use only- Employee ID: _____ Partner Reference ID _____

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

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel,
Mumbai 400013, Maharashtra, India

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170
Email: customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No: 108 CIN:
U85110MH2000PLC128425

CUSTOMER ACKNOWLEDGEMENT

Application Number: _____ Date: _____

Name of the Proposer _____

We acknowledge with thanks the receipt of your application for Tata AIG Group EMI Protect and amount by cash/cheque/Demand Draft/others _____ of amount of Rs. _____. Neither the submission to us of this completed enrollment form for insurance nor any payment towards this application obliges us to agree to issue a policy, which 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 premium is not received by us in full and in time, and/or additional information requested by us. Failure to deposit the entire premium or furnish additional information requested by us within 15 days from the date of proposal, we shall cancel your application and refund the premium paid without any interest. If we do not accept the proposal, we will inform you and refund any payment received from you, towards this application, without interest within next 10 days.

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.