

Producer Name and Code:



WITH YOU ALWAYS

StudentGuard
PERSONAL ACCIDENT PLAN

PROPOSAL FORM

Policy Number:

Payment Mode: Cheque DD Cash Cheque / DD No.: Date:

Deposit Slip No.

Bank Name: (Payable to Tata AIG General Insurance Company Ltd.)

PAN Card No. In the absence of PAN Card, please give details of any other authorized photo identification card.

Photo ID type Number :

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

Insurance Plan Requested: Plan A Plan B Ultimate

Does your Trip include North / South America?: Yes No

Place of Study: Departure Date:

Duration Plan Required Days

1. **Student Name:** Mr./Ms.

Male Female Date of Birth Passport Number.....

Assignee: Relationship

Address:

Home No.: Street Name:

Location: City: State:

Pin Code: E-mail ID:

Contact Phone Number: India: While Overseas:

2. **The Sponsor** (the individual financing the student's overseas education)

Name: Sex: Male Female

Date of Birth: Passport / PAN No. :

Relationship to Student: Contact Number:

3. **Parent/Guardian** (Also authorised person for receiving all claim proceeds)

Name:

Passport / PAN No. : Sex: Male Female

Relationship to Student:

MEDICAL DECLARATION

1. Have you received any advice / treatment / consultation for any medical condition in the last 5 years: Yes No
if yes, please specify details of Treatment, Institution and Doctor.

Treatment	Institution	Doctor

2. I am presently taking specific prescription medication: Yes No

If yes, please name the prescribed medication you are taking.

Prescribed Medication	
Time (since)	

3. Name of the Family Physician: Contact Phone No.:

4. I am covered under domestic and overseas medical cover: Yes No

If yes, please specify name, address and policy number of the insurance company.

Name	Policy No.	Insurance Company	Address

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 authorise any medical care institution, physician, medical professional, pharmacy or insurers 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 basic of a claim against the policy • I understand that this authorisation is valid during the pendency of the claim until all issues with regard thereto have been definitively resolved, either extra-judicially or judicially. • I have read the Policy Prospectus and am willing to accept the insurance coverage, subject to all the terms, conditions and exceptions described in the Policy Prospectus. • I hereby declare and warrant that all of the statements in this and in the preceding two 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 hereby acknowledge that the Insurance Company shall not be liable in any manner under this policy and will not incur 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 Parent/Guardian

Date:
DD MM YY

Signature of the Insured Person or his/her
Authorised Representative

Date:
DD MM YY

INSURANCE ACT 1938 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 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 prospectus or tables of the Insurer.
ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHED WITH A FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

Tata AIG General Insurance Company Limited

Corporate Office : A-501, 5th Floor, Building No. 4, Infinity Park, Gen. A. K. Vaidya Marg, Dindoshi, Malad (East), Mumbai - 400 097.

Registered Office: Peninsula Business Park, Tower A, 15th floor, G. K. Marg, Lower Parel, Mumbai- 400 013.

For more information call the Tata AIG Toll free 24 hour help line at -1800 266 7780