



Tata AIG Wellsurance Woman Proposal Form Annual Premium

(Please fill the form in BLOCK Letters)



WITH YOU ALWAYS

Proposal No:

STEP 1 A Personal details of the Insured

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/>	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Address: <input type="text"/>		
<input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Pin: <input type="text"/>
Tel (Off): <input type="text"/>	<input type="text"/>	Tel (Res): <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile: <input type="text"/>	E-mail: <input type="text"/>	<input type="text"/>
Nominee Name: <input type="text"/>	Nominee's Relationship with Insured: <input type="text"/>	<input type="text"/>

STEP 1 B Personal details of the proposer, if different from Insured (Proposer can be blood relationship or Spouse)

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/>	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Address: <input type="text"/>		
<input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Pin: <input type="text"/>
Tel (Off): <input type="text"/>	<input type="text"/>	Tel (Res): <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile: <input type="text"/>	E-mail: <input type="text"/>	<input type="text"/>

STEP 2 Premium chart (Please the appropriate box to indicate the plan)

Annual Premium* in ₹			
Age	Classic	Supreme	Elite
18 - 24	<input type="checkbox"/> 2257	<input type="checkbox"/> 4223	<input type="checkbox"/> 7846
25 - 29	<input type="checkbox"/> 2457	<input type="checkbox"/> 4527	<input type="checkbox"/> 8259
30 - 34	<input type="checkbox"/> 2814	<input type="checkbox"/> 5106	<input type="checkbox"/> 9106
35 - 39	<input type="checkbox"/> 3463	<input type="checkbox"/> 6096	<input type="checkbox"/> 10462
40 - 44	<input type="checkbox"/> 4696	<input type="checkbox"/> 8028	<input type="checkbox"/> 13190
45 - 49	<input type="checkbox"/> 5266	<input type="checkbox"/> 8946	<input type="checkbox"/> 14524
50 - 54	<input type="checkbox"/> 8418	<input type="checkbox"/> 14646	<input type="checkbox"/> 24565
55 - 59	<input type="checkbox"/> 10481	<input type="checkbox"/> 17833	<input type="checkbox"/> 29080
60 - 65	<input type="checkbox"/> 16771	<input type="checkbox"/> 28533	<input type="checkbox"/> 46527

*Annual premium rates excludes service tax and education cess. Taxes as applicable will be added to the premium amount. Please read the Health & Data declaration clause carefully before signing. For more details on risk factors, terms and conditions please read the sales brochure before concluding the sale.

- Note: 1. Waiting period of 90 days for Critical Illness, Hospital Cash, ICU benefit, Convalescence benefit, Ambulance charges & Minor Surgeries. 2. Waiting period of 120 days for Major Surgeries. 3. This policy does not cover any Pre-Existing Medical Condition. 4. Entry Age - Upto 65 years. 5. Renewable for Life. Contact us for Renewal premium for ages 66 and above. 6. Premium will be applicable as per completed age as on last birthday. 7. Get tax benefits for premium paid on policies as per section 80D of the Income Tax Act. Tax benefits are subject to Income Tax laws.

STEP 3

Payment mode (Please the appropriate box)

Cash (Please note that tax exemption certificate will not be issued for cash payment)

Cheque / Demand Draft No.: Date:

(Please draw your cheque / DD in favour of Tata AIG General Insurance Company Limited)

Name of Bank: Branch:

Credit Card* No.: Expiry Date:

(Only Visa / MasterCard accepted)

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

Insured's PAN Card Number : in the absence of PAN Card, please give details of any other authorized photo identification card.

Photo ID Type _____ Photo ID Number :

Note: The Policy is valid subject to realisation of the premium by the company. In the event of non-realisation of the cheque or non-receipt of the premium by the company where payment has been made by a credit card (for any reason whatsoever), the Policy shall be deemed to be cancelled 'ab-initio' and company shall not be responsible for any liabilities of whatsoever nature.

STEP 4

Declaration (Health, Other Policies & AML Guidelines)

Additional Health Insurance Policy Details of any of the Insured

Name of the policy	Previous Policy No	Insurer	Period of Insurance		Sum Insured (Rs)	Claims lodged during the preceding 3 years	Cumulative Bonus	Membership no. of previous insurer for each insured
			From (DD/MM/YY)	To (DD/MM/YY)				

Medical Declaration

1. Have you or any person proposed to be insured received any advice / treatment / consultation for any medical condition in the last 3 years:
If yes, please specify details of Treatment, Institution and Doctor (Identify per family member) Yes No

Insured Name	Name of Pre-Existing Diseases/llness/ Surgery	Diagnosis Date	Date of last consultation	Treatment Inpatient / Outpatient	Doctor Name	Hospital Name	Hospital STD code with Phone No.
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				

2. I am presently taking specific medication: Yes No
If yes, please name the prescribed medication you are taking (identify per family member)

Prescribed medication	Insured 1	Insured 2	Insured 3
Time (since)			

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 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 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 extra judicially or 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. I/we hereby confirm that I have understood the Benefit Structure provided under this policy & I/we have also understood that the insurance would be effective only on acceptance of this application by the company and the payment of the premium by me / us.

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.

- **Nationality :** Indian Non-Indian If Non-Indian, please specify Country : _____
- **Type of Organization**
 Corporations Governments Non Governmental Organizations Society
 Trust Partnership International Organization Cooperatives Section 25 Company

Signature of Insured _____ Date:

Signature of Proposer if different from Insured _____ Date:

Producer's Name: _____ Producer's Code:

Signature of the Producer: _____ Date:

Insurance Act 1938 section 41 - Prohibition of rebates

No person shall allow or offer to 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 PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES

Tata AIG General Insurance Company Limited

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 Ltd. Registered office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Off Senapati Bapat Road, Lower Parel, Mumbai - 400 013. Toll Free Nos. 1800 266 7780 / 1800 11 9966* For more information visit us at www.tataaigwellinsurance.com; Email us at wellsurancesupport@tata-aig.com or Contact us on our 24 hour Toll Free Helpline at 1800 103 5252

(*From MTNL/BSNL lines only)