



**PART D: PREVIOUS INSURANCE DETAILS :**

POLICY NO.	NAME OF INSURED PERSON	FIRST POLICY INCEPTION DATE	PERIOD OF INSURANCE		SUM INSURED (RS)	CLAIMS LODGED DURING THE PRECEDING YEARS ALONG WITH THE DIAGNOSIS
			FROM	TO		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		
			DD/MM/YYYY	DD/MM/YYYY		

**SECTION II: NOMINEE DETAILS**

Nominee Name

Relationship with the Applicant

In the event of the death of the Applicant any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. Nominee for any of the persons proposed to be insured shall be the Applicant. The nominee must be an immediate relative of the Applicant. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/herself.

**SECTION III: DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED**

I have read the covers offered in the Group Medicare policy and willing to accept the cover for Myself/ Family Members subject to the terms and conditions of the policy issued by Tata AIG General Insurance Company Ltd. I understand that the information provided by me will form the basis of the 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 receipt of the premium chargeable. Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-co-operation by the insured will nullify the cover under the policy and no benefits or refund shall be payable.

Signature of the Applicant: \_\_\_\_\_

Date:

Place: \_\_\_\_\_

**DECLARATION/VERNACULAR DECLARATION**

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 Applicant: \_\_\_\_\_

Name & Signature of Agent/Intermediary/Specified Person: \_\_\_\_\_

Code: \_\_\_\_\_

Vernacular Declaration (Certification in case the applicant 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 applicant who has understood and confirmed the same.

Signature/Thumb impression of the Applicant: \_\_\_\_\_

Name & Signature of Agent/Intermediary/Specified Person: \_\_\_\_\_

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. The insurance products are underwritten by Tata AIG General Insurance Company Limited.

**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

**FOR OFFICE USE ONLY**

Employee ID: \_\_\_\_\_

Partner ID: \_\_\_\_\_

Application No: \_\_\_\_\_

**CUSTOMER ACKNOWLEDGEMENT**

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_

We acknowledge with thanks the receipt of your application 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 Insurer to agree to issue a policy, which decision is and always shall be in Insurers sole and absolute discretion. If Insurer accept Enrollment form for insurance, it shall be subject to the policy terms and conditions and Insurer shall have no liability to make any payment if enrollment form is not accepted by Insurer or premium is not received by Insurer in full and in time, or non-fulfillments of Pre-Policy Check-up (if applicable) and/or additional information requested by Insurer. Failure to deposit the entire premium or non-fulfillments of pre-policy check-up (if applicable) or furnish additional information requested by Insurer within 15 days from the date of enrollment, we shall cancel your application and refund the premium paid without any interest subject to deduction of pre-policy charges (if applicable & conducted). If Insurer does not accept the enrollment form, Insurer will inform you and refund any payment received from you, towards this application/ enrollment form, without interest within next 10 days. Insurer shall have no liability to make any payment under the Policy if Enrollment is under-process & claim arises in the interim period before the decision on the enrollment is given by Insurer.