

## **Domestic Travel Guard**

**Proposal Form** 

Producer N	lame :																						
Producer C	ode:																						
Travel Deta	nils																						
Place of Ti	ravel	1.											2.										
		3.											4.										
		5.											6.										
		Dep	arture	e Da	te	D	D	M	/I Y	Υ	Υ	Υ	Arr	ival	Date	Э		D	D	M	M	/ Y	YY
		Nun	nber o	of da	ays																		
Mode of T	ravel (Please Tick)	Rail		R	Road		A	\ir _					Pu	rpo	se of	visit	t	Leis	sure		Вι	ısine	ss
Personal De	etails																						
Name	o tumo																						
Address																							
		City																					
		State										Р	NI		Ť								
		Tel (R)										Т	el (0	Off)									
		Mobile						e M					Ма	lail									
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																				_	(with	the in	sured)
Insured 1								D D	M	MY	Y	Υ	Y										
Insured 2								D D	M	MY	Y	ΥΙ	Y										
Insured 3								D D	M	MY	Y	ΥΙ	Y										
Insured 4								D D	M	MY	Y	Υ	Y										
*+ In caso																							
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Payment M						the	nam	e of t	the g	uard	dian i	too.			-	Total	No	o. of	Insu	red	:		
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PAN Card Number	In the	absence of pan card, pleas	e give d	letails o	f any ot	ner au	thorized			
photo identification card. Ca	ard type	& Numb	oer							
Sources of funds (please ✓ wher	e applicable): Salary	Business Other (Pl	ease speci	fy)						
Medical Declaration										
am/we are covered under a Do	mastic & Overseas medical cov	or			Yes		No 🗆			
If, Yes Please specify name, add					163					
Name	Policy No.	Insurance Company	,	Address						
	,	<u> </u>								
*This Policy does not cover pre										
determine eligibility for benefit P professional, Pharmacy or insure information or records with responsion a claim against the policy. *I/V regard thereto have been definition willing to accept the insurance of	es to furnish to Tata AIG Genera ect to any injury or sickness suff We understand that this authori ively resolved, either judicially o overage, subject to all terms, co	al Insurance Company Ltd. or ered by the person whose de zation is valid during the pen or extra judicially. *I/We have	its repre ath, inju dency o	esentativ ry, sickr of the cla	es any a ness or lo nim until	and all oss is t all issu	medical he basis ues with			
exclusions described in that Poli *I/We hereby declare and warra		this and in the preceding par	agraphs	s are tru	e and co	mplet	e. If it is			
found that the answers or particular	ulars stated in this Proposal For	m and Medical Declaration a	re incorr	rect or u						
*I/We hereby acknowledge that a AML Guidelines	the insurance company shall inc	cur no liability for any insural	ice cove	erage.						
I/we herby confirm that all premi proceeds of crime related to any has the right to call for documen in case I am/ have been found g prevention of money laundering	of the offence listed in Prevent its to establish sources of funds juilty by any competent court o	ion of Money Laundering Act . The insurance company ha	t, 2002. I s right to	unders cancel	tand that the insu	t the C	ompany contract			
Singnature of the insured Persor	 ı / Proposer		Date	: D C	) M M	YY	YY			
C	·									
INSURANCE ACT 1933 Section										
No person shall allow or offer to allow, any kind of risk relation to lives or prop policy, nor shall any person taking out published prospectus or tables of the PUNISHED WITH FINE WHICH MAY EX	perty in India, any rebate of the whole or renewing or continuing a policy a Insurer. ANY PERSON MAKING DE	e or part of the commission payabl ccept any rebate, except such reb	e or any r ate as ma	ebate of t y be allow	the premit ved in acc	um shov	wn on the e with the			

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.