



2. I am presently taking specific medication:  Yes  No

If yes, please name the prescribed medication you are taking

Prescribed Medication
Time (since)

3. Family Doctor Name:

Contact No.										

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

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

Sr. No.	Policy Number	Name of Insurance Company

**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 receipt 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 hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ 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 for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

Signature of the Proposer:

Bank Details

As per the Regulatory requirements ,we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account#

Name of the Account Holder:																	
Name of the Bank											Branch:						
Type of Account :	<input type="checkbox"/> SB Account	<input type="checkbox"/> Current Account	Others (please specify) _____														
Account Number :																	
IFSC Code of Bank :																	

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.25,000

**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 <input type="checkbox"/>	Governments <input type="checkbox"/>	Non Governmental Organizations <input type="checkbox"/>	Society <input type="checkbox"/>
Trust <input type="checkbox"/>	Partnership <input type="checkbox"/>	International Organization <input type="checkbox"/>	Cooperatives <input type="checkbox"/> Section 25 Company <input type="checkbox"/>

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

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Signature of Proposer

**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 on insurance in respect of any kind of risk relation to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 liable for penalty which may extend to ten lakh rupees.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read the sales brochure carefully, before concluding a sale. Commencement of risk cover under the policy is subject to receipt and realization of payable premium by Tata AIG General Insurance Company Limited.

**Tata AIG General Insurance Company Limited**

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400 013  
 24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170 Email: customersupport@tata-aig.com Website: www.tataaiginsurance.in  
 IRDA of India Registration No. 108 CIN:U85110MH2000PLC128425

Student Guard – Overseas Health Insurance Plan UIN:IRDAI/NL-HLT/TAGI/P/T/V.II/237/14-15