

Policy Schedule
Tata AIG MediCare

Intermediary/ Broker Name: CLARION INSURANCE BROKING SERVICES
Intermediary/Broker License Number: PRIVATE LIMITED
Intermediary/Broker Contact No.: 1565970012
9898966631 (mobile or landline)

Issuing Office : RAJKOT
Client Id : 6087325975
Proposal no. : IP06247191
Proposer's Name: MR SANJAYBHAI NANJIBHAI PADARIYA
Proposer's Address: SAMU ALKA SOCIETY 2
MAVDI MAIN ROAD
RAJKOT POSTAL COLONY
RAJKOT - 360004
RAJKOT
GUJARAT
INDIA
Place of supply -GUJARAT
State code -24

Insured GST No:
Place of Supply: GUJARAT
Supply Code: 24
Policy Number: 0288471660
Product name: Tata AIG MediCare
Plan type: Floater Plan
Business Type: Renewal Business
Policy Tenure: 1 Year
Policy Period: From : 04/02/2022 00:00 hrs TO: 03/02/2023 on 11:59 PM

Insured Persons Details:

Insured Person's Name	Insured with Tata AIG General Insurance Co. since	Member Id	Date of birth	Age	Relationship to Proposer	Restore Benefit %	Sum Insured (₹)	Cumulative Bonus (₹)	Accidental Death
SANJAYBHAI NANJIBHAI PADARIYA	04/02/2021	OIP0624719101040	20/05/1980	41	Self	100%	300,000.00	150,000.00	0.00
EKTABEN SANJAYBHAI PADARIYA	04/02/2021	OIP0624719102037	03/02/1984	38	Spouse	100%			0.00
JIYA SANJAYBHAI PADARIYA	04/02/2021	OIP0624719103011	10/07/2009	12	Daughter	100%			0.00
PRISHA SANJAYBHAI PADARIYA	04/02/2021	OIP0624719104007	25/12/2013	8	Daughter	100%			0.00

* For Family Floater policy, Sum Insured and cumulative bonus floats among the insured members of the family as mentioned above. This shall not be applicable for newly added members in this policy.

Sum Insured mentioned is excluding cumulative bonus. Earned cumulative bonus is separately mentioned.

Net Premium (₹) :	13,201.52
Loadings (₹) :	0.00
Discounts (₹) :	6,212.48
Tax, Duties and cess as applicable (₹) :	
UGST/SGST @9 % (₹) :	1,188.14
CGST @9 % (₹) :	1,188.14
Gross Premium (₹) :	15,578.00
Gross Premium (In Words) :	Rupees Fifteen Thousand Five Hundred Seventy Eight And Paise Zero Only

Benefit Name	Coverage Limit
Vaccination cover	Upto ₹5000

In-Patient Treatment - Dental	Upto Sum Insured
Organ Donor	Upto Sum Insured
Post-Hospitalization expenses	Upto 90 days
In-Patient Treatment	Upto Sum Insured
Ambulance Cover	Upto ₹ 3000 per Hospitalization
Compassionate travel	Upto ₹20,000
Restore benefits	Upto Sum Insured
Second Opinion	Covered
Daily Cash for Accompanying an Insured Child	0.25% of base Sum Insured; maximum ₹ 2000 per day
Health Checkup	Upto 1% previous of Sum Insured; max. ₹10,000
Consumables Benefit	Upto Sum Insured
Day Care Procedures	Upto Sum Insured
Pre-Hospitalization expenses	Upto 60 days
Bariatric Surgery Cover	Upto Sum Insured
Hearing Aid	50% of actuals; maximum ₹10,000
Domiciliary Treatment	Upto Sum Insured
Daily Cash for choosing Shared Accommodation	0.25% of base Sum Insured; maximum ₹ 2000 per day
AYUSH Benefit	Upto Sum Insured
Global Cover	Upto Sum Insured

Nominee Details for Proposer :

Insured Name	Nominee Name	Relationship to Proposer
SANJAYBHAI NANJIBHAI PADARIYA	EKTABEN SANJAYBHAI PADARIYA	Wife

The nominee must be an immediate relative of the Proposer

Continuity benefit is already considered for this policy no.

Policy Comments if applicable -

- TPA Details (if any) :
- Name of TPA : Tata AIG Health Claim
- Website : www.tataaig.com
- Email : customersupport@tataaig.com
- Toll Free : 18002667780
- : 1800229966 (For Senior Citizens)
- Fax : 022 66938170
- Submit claim : TAGIC Health Claims Claims processing HUB ,
TATA AIG General Insurance Company Limited
5th and 6th Floor, Imperial Towers H.No 7-1-6-617/A,
GHMC no - 615,616, Ameerpet Hyderabad - 500016,
Telangana Phone-040-66864900

The stamp duty Of Rs 1/- paid In cash Or demand draft Or by pay order,vide Receipt/ Challan no: LOA/CSD/198/2021/4893dated the29/11/2021.

Policy Servicing Address :

Policy Servicing Office
Tata AIG General Insurance Company Limited
 UNIT NO. 301 TO 304, 3RD FLOOR, ARIHANT COMPLEX, TAGORE ROAD,RAJKOT,GUJARAT,RAJKOT-360002
 Tel No:91-91-9028028159

For and on behalf of Tata AIG General Insurance Company Limited Date:

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. Regd. Office: 15th floor, Tower A, Peninsula Business Park,Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013.
 IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q, UIN No : TATHLIP21224V022021
 Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com



Authorized Signatory

In the event of non-realization of premium, the Company shall not be liable under the policy and the policy shall stand cancelled ab initio (from inception).

Certificate of Premium payment for the purpose of declaration under Section 80 D of Income Tax (Amendment) Act, 1961*

Date : 04/02/2022
Policy Number : 0288471660
Customer Name : SANJAYBHAI NANJIBHAI PADARIYA
Address Line 1 : SAMU ALKA SOCIETY 2, MAVDI MAIN ROAD, RAJKOT POSTAL COLONY,
Address Line 2 : RAJKOT-360004
Address Line 3 : GUJARAT
GSTIN no :

Dear Sir/Madam,

Sub: Tax Benefit Letter for Medicare policy no. 0288471660

This is to certify that premium amount of Rs 15578(Rupees Fifteen Thousand Five Hundred Seventy Eight And Paise Zero Only) for health insurance Policy No 0288471660 issued to SANJAYBHAI NANJIBHAI PADARIYA for the period 04/02/2022 to 03/02/2023 has been paid.

Receipt Illustration

Receipt ID.	Name of Payer	Mode of payment	Amount paid
102151027401934	SANJAYBHAI NANJIBHAI PADARIYA	DEBIT AUTHORIZATION	15,578.00
	Total Amount Paid		15,578.00

Premium illustration (Member wise)

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
OIP0624719101040	SANJAYBHAI NANJIBHAI PADARIYA	Self	4,617.00
OIP0624719102037	EKTABEN SANJAYBHAI PADARIYA	Spouse	4,617.00
OIP0624719103011	Jiya SANJAYBHAI PADARIYA	Daughter	3,172.00
OIP0624719104007	PRISHA SANJAYBHAI PADARIYA	Daughter	3,172.00
	Total Premium Paid (Inclusive of Loading & Taxes collected)		15,578.00

Please feel free to get in touch with us for any further help or queries at our 24x7 Helpline 18002667780 (Toll-free) or email us at customersupport@tataaig.com

We assure you of our best services at all times.

Regards,

For Tata AIG General Insurance Company Limited



Authorized Signatory

Date of Issue : 04/02/2022

Place of Issue : RAJKOT

Note

1. Tax deductions can be claimed subject to the provisions prescribed in the relevant sections of the Income-tax Act, 1961 as amended from time to time.
2. Premium paid in advance will be applied to the policy on premium due date.
3. This premium paid certificate is conditional upon credit in company's account post clearance of the instrument/facility including electronic mode.
4. For any confirmation / impact analysis, customer is advised to refer the matter to his/her Tax consultant.
5. This certificate must be surrendered to the company in case of cancellation of this policy. In the event of incorrect representation of this declaration the liability shall be upon the policyholder/payer.

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. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q UIN No : TATHLIP21224V022021
 Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

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. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013.
 IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q, UIN No : TATHLIP21224V022021
 Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

RECEIPT

Receipt No. : 102151027401934

Receipt Date : 31/01/2022

Policy No : 0288471660 01 00

Received with thanks from MR SANJAYBHAI NANJIBHAI PADARIYA a sum of ₹ **15,578.00** (Rupees Fifteen Thousand Five Hundred Seventy Eight And Paise Zero Only) vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0288471660 01 00	15,578.00	15,578.00	0.00

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN : 24AABCT3518Q1Z2 - GUJARAT Service Accounting Code : 997133

Revenue (consolidated) Stamp Duty duly paid vide challan No.CSD/170/2021/4377 date 28/10/2021 for applicable cases.

Tata AIG MediCare



Name : SANJAYBHAI NANJIBHAI PADARIYA
Age : 41
Gender : M
Policy No. : 0288471660 01 00
From : 04/02/2022 To 03/02/2023
Member ID : OIP0624719101040

TAGIC Health ClaimsTATA AIG General Insurance Company Limited
5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A,
GHMC no - 615,616, Ameerpet, Hyderabad - 500016,Telangana,
Toll Free : 18002667780, Website : www.tataaig.com

Tata AIG MediCare



Name : EKTABEN SANJAYBHAI PADARIYA
Age : 38
Gender : F
Policy No. : 0288471660 01 00
From : 04/02/2022 To 03/02/2023
Member ID : OIP0624719102037

TAGIC Health ClaimsTATA AIG General Insurance Company Limited
5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A,
GHMC no - 615,616, Ameerpet, Hyderabad - 500016,Telangana,
Toll Free : 18002667780, Website : www.tataaig.com

Tata AIG MediCare		
Name :	JIYA SANJAYBHAI PADARIYA	
Age :	12	
Gender :	F	
Policy No. :	0288471660 01 00	
From :	04/02/2022 To 03/02/2023	
Member ID :	OIP0624719103011	
TAGIC Health ClaimsTATA AIG General Insurance Company Limited 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC no - 615,616, Ameerpet, Hyderabad - 500016,Telangana, Toll Free : 18002667780, Website : www.tataaig.com		

Tata AIG MediCare



Name : PRISHA SANJAYBHAI PADARIYA
Age : 8
Gender : F
Policy No. : 0288471660 01 00
From : 04/02/2022 To 03/02/2023
Member ID : 0IP0624719104007

TAGIC Health ClaimsTATA AIG General Insurance Company Limited
5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A,
GHMC no - 615,616, Ameerpet, Hyderabad - 500016,Telangana,
Toll Free : 18002667780, Website : www.tataaig.com

Annexure to customer information sheet (CIS) Benefit illustration in respect of policies offered on individual and family floater basis.

Age of the member Insured	Coverage opted on individual basis covering each member of the family seperately(at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy(sum insured available for each member of the family)				Coverage opted on family floater basis with overall sum insured(only one sum insured available for entire family)			
	Premium	Sum Insured	Premium	Discount if any	Premium after Discount	Sum Insured(₹)	Premium or consolidated premium for all members of the family	Floater discount if any	Premium after Discount	Sum Insured(₹)
41							5754	32%	3912.72	300000
38							5754	32%	3912.72	
12							3953	32%	2688.04	
8							3953	32%	2688.04	
	Total premium for all members of the family is ₹ when each member is covered seperately		Total premium for all members of the family is ₹ when they are covered under a single policy				The premium when the policy is opted on floater basis is ₹ 13201.52			
	Sum insured available for each individual is ₹		sum insured available for each family member is ₹				Sum insured of ₹ 300000 is available for the entire family			

Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also the premium rates shall be exclusive of taxes applicable.

Online Proposal Form - Tata AIG MediCare

Application no. - IP06247191

Agent Code: -1565970012

This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium.

The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancelation of policy.

Please fill-up this form in CAPITAL LETTERS

1. PROPOSER'S DETAILS

MR	SANJAYBHAI	NANJIBHAI	PADARIYA
	First Name	Middle Name	Surname

Date of Birth(dd/mm/yyyy) - 20/05/1980	Gender - MALE
Marital Status - MARRIED	Mobile - 9427563637
Occupation - SELF-EMPLOYED	Aadhaar No - XXXXXXXX7627
Income - 0	
E-Mail ID - bhpipaliya@gmail.com	
Address	SAMU ALKA SOCIETY 2MAVDI MAIN ROAD
	RAJKOT POSTAL COLONY
Landmark -	Area -
City/Town -RAJKOT	Pin Code -360004
District -RAJKOT	State -GUJARAT
In case Aadhaar is not available:	PAN Card Voter's ID
(Mandatory in case of premium >₹1 Lac) (In case proposer is not an individual entity then details of the entity to be filled, PAN is mandatory for such cases)	

2. PLAN DETAILS

Proposed Policy Period 04/02/2022 To 03/02/2023

Plan Type Floater Basis

Policy Tenure 1 Year

Accidental Death Benefit rider* ☐ Yes

- Riders shall be opted by all the eligible members. There cannot be selection between the eligible members for choosing riders.
- *Personal Accident Benefit will be applicable provided the Proposer is insured in this Policy.
- Dependent Children will not be covered under Personal Accident Benefit.
- Please provide Income proof for Personal Accident Benefit.

3. DETAILS OF THE PERSON(S) TO BE INSURED

Sl No	Name of the Insured Person	Gender	Relationship with Proposer*	Date of Birth	Unique ID	Height	Weight	Sum Insured#
1	SANJAYBHAI NANJIBHAI PADARIYA	Male	Self	20/05/1980	xxxxxxxx7627	172.72	75	300000
2	EKTABEN SANJAYBHAI PADARIYA	Female	Spouse	03/02/1984	xxxxxxxx3249	162.56	55	
3	JIIYA SANJAYBHAI PADARIYA	Female	Daughter	10/07/2009		154.94	39	
4	PRISHA SANJAYBHAI PADARIYA	Female	Daughter	25/12/2013	xxxxxxxx6460	121.92	28	

* Allowed relations (Spouse, children and dependent parents)

Options available (3, 4, 5, 7.5, 10, 15, 20 Lakhs); Same Sum Insured for all members in floater option

4. NOMINEE DETAILS

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions.

Nominee Name	Date of Birth*	Relationship	Address of the Nominee
EKTABEN SANJAYBHAI PADARIYA	03/02/1984	Wife	

The nominee must be an immediate relative of the Proposer. *If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

5. EXISTING/PREVIOUS INSURER DETAILS

Is the proposer or any of the persons proposed, already Insured under a health plan with Tata AIG

General Insurance Company Ltd. or any other insurer or is a proposal pending for Policy issuance?

If yes, please indicate the Policy/ Application number(s):IP06247191

Since when continuously insured:

Do you want Us to consider these details for portability*? ☐ Yes ☒ No

* In case of portability, please fill up IRDAI portability form. Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach at least 45 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.

6. MEDICAL AND LIFESTYLE DETAILS

A. Medical History:

Please answer the below mentioned questions individually in Yes(Y)/No(N): You must answer the questions truthfully. Not doing so would lead to termination of your policy

Please answer each of the following questions individually for each Insured Person by ticking the relevant box.	Insured Person						
	1	2	3	4	5	6	7
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for the following medical conditions?							
Decline Disease Name	NO	NO	NO	NO	NO	NO	NO
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for MediCal Conditions specified on Proposal form?	NO	NO	NO	NO	NO	NO	NO
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	NO	NO	NO	NO	NO	NO	NO
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or awaiting any procedure/treatment?	NO	NO	NO	NO	NO	NO	NO
Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? – Elevated Blood Sugar/ Diabetes/ Elevated Blood Pressure/ Hypertension/High Cholesterol/ Hypothyroidism	NO	NO	NO	NO	NO	NO	NO
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	NO	NO	NO	NO	NO	NO	NO
Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	NO	NO	NO	NO	NO	NO	NO
Has any health or life insurance policy ever been terminated in the past?	NO	NO	NO	NO	NO	NO	NO

B. Detailed information in case any of the questions in section 6 (A) is ticked 'Yes'.

(Please send us medical documents along with this application form.)

Insured Name	Name of Disease(surgical)	Operative status	Type of surgery	Treatment status	Complications(S)
SANJAYBHAI NANJIBHAI PADARIYA					
EKTABEN SANJAYBHAI PADARIYA					
JIYA SANJAYBHAI PADARIYA					
PRISHA SANJAYBHAI PADARIYA					

Insured Name	Name of Disease(medical)	Date of diagnosis	Medication history	Mode of medication	Progress	Complications(S)
SANJAYBHAI NANJIBHAI PADARIYA						
EKTABEN SANJAYBHAI PADARIYA						
JIYA SANJAYBHAI PADARIYA						
PRISHA SANJAYBHAI PADARIYA						

Insured Name	Remarks
SANJAYBHAI NANJIBHAI PADARIYA	
EKTABEN SANJAYBHAI PADARIYA	
JIYA SANJAYBHAI PADARIYA	
PRISHA SANJAYBHAI PADARIYA	

C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? No
If yes please indicate the name and quantity per day.

	Insured Person						
	1	2	3	4	5	6	7
Alcohol	No Intake	No Intake	No Intake	No Intake			
Smoking (No of Cigarettes or Bidis/day)	No Intake	No Intake	No Intake	No Intake			
Pan Masala/Tobacco	No Intake	No Intake	No Intake	No Intake			
Others habit forming substances/addictive (Quantity consumed)							

7. PAYMENT DETAILS

Name of the Premium Payer: SANJAYBHAI NANJIBHAI PADARIYA
Relationship with the proposer: Self
Premium Amount (in ₹): 15578
Instrument type: DEBIT AUTHORIZATION
Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.
Sources of funds: OTHERS

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 making the payment (Pls tick)

- Limited company
- Government organization
- Non-Governmental Organization (NGO)
- Society
- Trust
- Partnership
- International Organization
- Cooperatives
- Section 25 Company

Signature of Proposer & Date : SANJAYBHAI NANJIBHAI PADARIYA 04/02/2022

8. BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

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

Name of the account holder	
Name of the bank	HSBC BANK
Branch Bank	
Account no.	
Bank IFSC code	
Account Type	SB Account Current Account Others(please specify)

9. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I 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 am authorized to propose on behalf of these other persons.
- 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I have understood the purpose of Aadhar authentication and hereby state that I have no objection in providing my Aadhar details.

04/02/2022

Signature of the Proposer: SANJAYBHAI NANJIBHAI PADARIYA

- GoGreen: I would like to protect my environment and would like to help save paper by authorizing Tata AIG General Insurance Company Limited to send all my policy and service related communication to the email id as mentioned in this application form.

10. 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 proposer: SANJAYBHAI NANJIBHAI PADARIYA

Name & Signature of agent/intermediary with code: CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED 1565970012

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

Signature/Thumb impression of the Proposer: SANJAYBHAI NANJIBHAI PADARIYA

Name & Signature of agent/intermediary: CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED

11. AGENT DECLARATION

I, CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Intermediary/Corporate Agent/Broker/Relationship Officer)

712

Name of the specified Person and code: CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED 1565970012

Place: RAJKOT

Date: 04/02/2022

Signature of Agent: CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED

12. SECTION 41 OF INSURANCE ACT 1938 (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 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.

13. FOR OFFICE USE ONLY

Tata AIG Office Code :0
Branch Receipt Date:
Business Type: Urban/ Rural/ Social

Intermediary Code and Name:CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED
Channel Type:BROKER CORPORATE
Customer ID - 6087325975

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 Limited. Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Off Senapati Bapat Road, Lower Parel, Mumbai- 400013.

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170 Email:customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425

14. ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Application Number: IP06247191

Date: 04/02/2022

Name of the proposer: SANJAYBHAI NANJIBHAI PADARIYA

We acknowledge with thanks the receipt of your application for Tata AIG MediCare and amount by DEBIT AUTHORIZATION of amount of ₹ 15578. Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of Pre-Policy Checkup and/or additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. In case of counter offer you need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 15 days, we shall cancel application and refund the premium paid without interest subject to deduction of the Pre Policy Check up charges, as applicable. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable.