

**Policy Schedule**  
**Tata AIG MediCare - Protect**

Intermediary Name: CLARION INSURANCE BROKING SERVICES  
Intermediary Code: PRIVATE LIMITED  
Intermediary Contact No.: 1565970000  
9099028251 (mobile or landline)

Issuing Office : AHMEDABAD  
Client Id : 6057383908  
Proposal no. : MDT70006709  
Policy holder's Name: MR RAJESH PARSOTAMBHAI THUMAR  
Policy holder's Address: JD PRODUCT KIRANHOUSE ,  
AJIRING ROAD BY PASS,  
2- SANSKAR SOC.  
RAJKOT - 360001  
RAJKOT  
GUJARAT  
INDIA  
Place of supply -GUJARAT  
State code -24

Insured GST No:  
Place of Supply: GUJARAT  
Supply Code: 24  
Policy Number: 0238102703  
Product name: Tata AIG MediCare - Protect  
Plan type: Floater Plan  
Business Type: Renewal Business  
Policy Tenure: 1 Year  
Policy Period: From : 10/11/2023 00:00 hrs TO: 09/11/2024 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 |
|-----------------------------|---------------------------------------------------|------------------|---------------|-----|--------------------------|-------------------|-----------------|----------------------|------------------|
| RAJESH PARSOTAMBHAI THUMAR  | 12/10/2019                                        | MDT7000670901044 | 01/12/1974    | 48  | Self                     | 100%              | 500,000.00      | 200,000.00           | 0.00             |
| REKHABEN RAJESHBHAI THUMMAR | 12/10/2019                                        | MDT7000670902038 | 01/10/1981    | 42  | Wife                     | 100%              |                 |                      | 0.00             |
| MADHAVI RAJESHBHAI THUMMAR  | 12/10/2019                                        | MDT7000670903019 | 03/08/2000    | 23  | Daughter                 | 100%              |                 |                      | 0.00             |
| HARSHIT RAJESHBHAI THUMMAR  | 12/10/2019                                        | MDT7000670904017 | 05/09/2002    | 21  | Son                      | 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 (₹) :                        | 18,138.32                                                         |
| Loadings (₹) :                           | 0.00                                                              |
| Discounts (₹) :                          | 8,535.68                                                          |
| Tax, Duties and cess as applicable (₹) : |                                                                   |
| UGST/SGST @9 % ( ₹ ) :                   | 1,632.45                                                          |
| CGST @9 % ( ₹ ) :                        | 1,632.45                                                          |
| Gross Premium (₹) :                      | 21,403.00                                                         |
| Gross Premium (In Words) :               | Rupees Twenty One Thousand Four Hundred Three And Paise Zero Only |

| Benefit Name | Coverage Limit   |
|--------------|------------------|
| Organ Donor  | Upto Sum Insured |

|                               |                                 |
|-------------------------------|---------------------------------|
| Post-Hospitalization expenses | Upto 60 days                    |
| In-Patient Treatment          | Upto Sum Insured                |
| Ambulance Cover               | Upto ₹ 1000 per Hospitalization |
| Compassionate travel          | Upto ₹20,000                    |
| Restore benefits              | Upto Sum Insured                |
| Health Checkup                | Upto 1% previous of Sum Insured |
| Consumables Benefit           | Upto Sum Insured                |
| Day Care Procedures           | Upto Sum Insured                |
| Pre-Hospitalization expenses  | Upto 30 days                    |
| Domiciliary Treatment         | Upto Sum Insured                |
| AYUSH Benefit                 | Upto Sum Insured                |

**Nominee Details for Proposer :**

| Insured Name               | Nominee Name                | Relationship to Proposer |
|----------------------------|-----------------------------|--------------------------|
| RAJESH PARSOTAMBHAI THUMAR | REKHABEN RAJESHBHAI THUMMAR | Wife                     |

Continuity benefit is already considered for this policy no.

Policy Comments if applicable -

- Claim Servicing Details:
- Name of Claim Administrator : Tata AIG Health Claim
- Website : [www.tataaig.com](http://www.tataaig.com)
- Email : [customersupport@tataaig.com](mailto:customersupport@tataaig.com)
- Toll Free : 18002667780
- 1800229966 (For Senior Citizens)
- 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,

Stamp Duty of ₹50/- is paid as provided under Article 47-C of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOA/CSD/01/2023/4269 Validity Period Dt.26/10/2023 To Dt.04/10/2026/4269 Date:25/10/2023

Policy Servicing Address :

**Policy Servicing Office**  
**Tata AIG General Insurance Company Limited**  
 :R202, R203, R204 & R205,, 2ND FLOOR, VENUS STRATUM,,AHMEDABAD,GUJARAT,AHMEDABAD-380015  
 Tel No:91-91-7949002500

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

  
**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** : 10/11/2023  
**Policy Number** : 0238102703  
**Customer Name** : RAJESH PARSOTAMBHAI THUMAR  
**Address Line 1** : JD PRODUCT KIRANHOUSE ,, AJIRING ROAD BY PASS,, 2- SANSKAR SOC.,  
**Address Line 2** : RAJKOT-360001  
**Address Line 3** : GUJARAT  
**GSTIN no** :

Dear Sir/Madam,

**Sub: Tax Benefit Letter for Medicare policy no. 0238102703**

This is to certify that premium amount of Rs 21403( Rupees Twenty One Thousand Four Hundred Three And Paise Zero Only) for health insurance Policy No 0238102703 issued to RAJESH PARSOTAMBHAI THUMAR for the period 10/11/2023 to 09/11/2024 has been paid.

**Receipt Illustration**

| Receipt ID.     | Name of Payer              | Mode of payment     | Amount paid |
|-----------------|----------------------------|---------------------|-------------|
| 102001060300777 | RAJESH PARSOTAMBHAI THUMAR | DEBIT AUTHORIZATION | 21,403.00   |
|                 | Total Amount Paid          |                     | 21,403.00   |

**Premium illustration (Member wise)**

| Member ID        | Name of Member                                              | Relationship with Policyholder | Total member premium paid(Including Taxes & Loading) |
|------------------|-------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| MDT7000670901044 | RAJESH PARSOTAMBHAI THUMAR                                  | Self                           | 7,680.00                                             |
| MDT7000670902038 | REKHABEN RAJESHBHAI THUMMAR                                 | Wife                           | 5,091.00                                             |
| MDT7000670903019 | MADHAVI RAJESHBHAI THUMMAR                                  | Daughter                       | 4,316.00                                             |
| MDT7000670904017 | HARSHIT RAJESHBHAI THUMMAR                                  | Son                            | 4,316.00                                             |
|                  | Total Premium Paid (Inclusive of Loading & Taxes collected) |                                | 21,403.00                                            |

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](mailto: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** : 10/11/2023

**Place of Issue** : AHMEDABAD

**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 : TATHLIP21225V022021  
 Website: [www.tataaig.com](http://www.tataaig.com) 24X7 Tollfree Helpline 1800-266-7780 E-mail: [customersupport@tataaig.com](mailto: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.  
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## RECEIPT

Receipt No. : 102001060300777

Receipt Date : 10/11/2023

Policy No : 0238102703 04 00

Received with thanks from MR RAJESH PARSOTAMBHAI THUMAR a sum of ₹ **21,403.00** ( Rupees Twenty One Thousand Four Hundred Three And Paise Zero Only) vide Card no. XXXXXXXXXXXX9999

| Sr. No. | Policy Number    | Total Premium (₹) | Utilized from the receipt for policy (₹) | Balance (₹) |
|---------|------------------|-------------------|------------------------------------------|-------------|
| 1       | 0238102703 04 00 | 21,403.00         | 21,403.00                                | 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.LOA/CSD/47/2023/2581 date 22/05/2023 for applicable cases.

| Tata AIG MediCare Protect                                                                                                                                                                                                                                                                                                                    |                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|
| <b>Name :</b>                                                                                                                                                                                                                                                                                                                                | RAJESH PARSOTAMBHAI THUMAR |                                                                                     |
| <b>Age :</b>                                                                                                                                                                                                                                                                                                                                 | 48                         |                                                                                     |
| <b>Gender :</b>                                                                                                                                                                                                                                                                                                                              | M                          |                                                                                     |
| <b>Policy No. :</b>                                                                                                                                                                                                                                                                                                                          | 0238102703 04 00           |                                                                                     |
| <b>From :</b>                                                                                                                                                                                                                                                                                                                                | 10/11/2023 To 09/11/2024   |                                                                                     |
| <b>Member ID :</b>                                                                                                                                                                                                                                                                                                                           | MDT7000670901044           |                                                                                     |
| <i>Please refer to our website or mobile application to know the list of cashless network hospitals and excluded hospitals</i>                                                                                                                                                                                                               |                            |                                                                                     |
| <b>TAGIC Health ClaimsTATA AIG General Insurance Company Limited</b><br>5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A,<br>GHMC no - 615,616, Ameerpet, Hyderabad - 500016,Telangana,<br>Toll Free : 18002667780, Website : <a href="http://www.tataaig.com">www.tataaig.com</a><br>Tata AIG MediCare Protect UIN: TATHLIP21225V022021 |                            |                                                                                     |

**Tata AIG MediCare  
Protect**



**Name :** REKHABEN RAJESHBHAI THUMMAR  
**Age :** 42  
**Gender :** F  
**Policy No. :** 0238102703 04 00  
**From :** 10/11/2023 To 09/11/2024  
**Member ID :** MDT7000670902038

*Please refer to our website or mobile application to know the list of cashless network hospitals and excluded hospitals*

**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](http://www.tataaig.com)  
 Tata AIG MediCare Protect UIN: TATHLIP21225V022021

| Tata AIG MediCare Protect                                                                                                                                                                                                                                                                                                                    |                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|
| <b>Name :</b>                                                                                                                                                                                                                                                                                                                                | MADHAVI RAJESHBHAI THUMMAR |                                                                                     |
| <b>Age :</b>                                                                                                                                                                                                                                                                                                                                 | 23                         |                                                                                     |
| <b>Gender :</b>                                                                                                                                                                                                                                                                                                                              | F                          |                                                                                     |
| <b>Policy No. :</b>                                                                                                                                                                                                                                                                                                                          | 0238102703 04 00           |                                                                                     |
| <b>From :</b>                                                                                                                                                                                                                                                                                                                                | 10/11/2023 To 09/11/2024   |                                                                                     |
| <b>Member ID :</b>                                                                                                                                                                                                                                                                                                                           | MDT7000670903019           |                                                                                     |
| <i>Please refer to our website or mobile application to know the list of cashless network hospitals and excluded hospitals</i>                                                                                                                                                                                                               |                            |                                                                                     |
| <b>TAGIC Health ClaimsTATA AIG General Insurance Company Limited</b><br>5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A,<br>GHMC no - 615,616, Ameerpet, Hyderabad - 500016,Telangana,<br>Toll Free : 18002667780, Website : <a href="http://www.tataaig.com">www.tataaig.com</a><br>Tata AIG MediCare Protect UIN: TATHLIP21225V022021 |                            |                                                                                     |

| Tata AIG MediCare Protect                                                                                                                                                                                                                                                                                                                    |                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|
| <b>Name :</b>                                                                                                                                                                                                                                                                                                                                | HARSHIT RAJESHBHAI THUMMAR |                                                                                     |
| <b>Age :</b>                                                                                                                                                                                                                                                                                                                                 | 21                         |                                                                                     |
| <b>Gender :</b>                                                                                                                                                                                                                                                                                                                              | M                          |                                                                                     |
| <b>Policy No. :</b>                                                                                                                                                                                                                                                                                                                          | 0238102703 04 00           |                                                                                     |
| <b>From :</b>                                                                                                                                                                                                                                                                                                                                | 10/11/2023 To 09/11/2024   |                                                                                     |
| <b>Member ID :</b>                                                                                                                                                                                                                                                                                                                           | MDT7000670904017           |                                                                                     |
| <i>Please refer to our website or mobile application to know the list of cashless network hospitals and excluded hospitals</i>                                                                                                                                                                                                               |                            |                                                                                     |
| <b>TAGIC Health ClaimsTATA AIG General Insurance Company Limited</b><br>5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A,<br>GHMC no - 615,616, Ameerpet, Hyderabad - 500016,Telangana,<br>Toll Free : 18002667780, Website : <a href="http://www.tataaig.com">www.tataaig.com</a><br>Tata AIG MediCare Protect UIN: TATHLIP21225V022021 |                            |                                                                                     |

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(₹) |
| 48                        |                                                                                                             |             |                                                                                                                                                       |                 |                        |                | 9571                                                                                                              | 32%                     | 6508.28                | 500000         |
| 42                        |                                                                                                             |             |                                                                                                                                                       |                 |                        |                | 6345                                                                                                              | 32%                     | 4314.6                 |                |
| 23                        |                                                                                                             |             |                                                                                                                                                       |                 |                        |                | 5379                                                                                                              | 32%                     | 3657.72                |                |
| 21                        |                                                                                                             |             |                                                                                                                                                       |                 |                        |                | 5379                                                                                                              | 32%                     | 3657.72                |                |
|                           | 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 ₹ 18138.32                                               |                         |                        |                |
|                           | Sum insured available for each individual is ₹                                                              |             | sum insured available for each family member is ₹                                                                                                     |                 |                        |                | Sum insured of ₹ 500000 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 - Protect

Proposal no. - MDT70006709

Intermediary Code: -1565970000

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 cancellation of policy.

Please fill-up this form in CAPITAL LETTERS

### 1. PROPOSER'S DETAILS

|    |            |              |         |
|----|------------|--------------|---------|
| MR | RAJESH     | PARSOTAMBHAI | THUMAR  |
|    | First Name | Middle Name  | Surname |

|                                                                         |                                                                                                                                                                   |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Birth(dd/mm/yyyy) - 01/12/1974                                  | Gender - MALE                                                                                                                                                     |
| Mobile - 9904087516                                                     |                                                                                                                                                                   |
| Unique Govt ID No. -                                                    |                                                                                                                                                                   |
| Annual Income in Rs -                                                   |                                                                                                                                                                   |
| E-Mail ID - BHPALIYA@GAMIL.COM                                          |                                                                                                                                                                   |
| Address^                                                                | JD PRODUCT KIRANHOUSE ,AJIRING ROAD BY PASS,<br>2- SANSKAR SOC.                                                                                                   |
| Landmark -                                                              | Area -                                                                                                                                                            |
| City/Town -RAJKOT                                                       | Pin Code -360001                                                                                                                                                  |
| District -RAJKOT                                                        | State -GUJARAT                                                                                                                                                    |
| <input type="checkbox"/> Tata Group Employee<br>Tata Group Employee ID: | PAN Card<br>ADTPT0798E                                                                                                                                            |
|                                                                         | (Mandatory in case of premium >₹1 Lac)<br>(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 10/11/2023 To 09/11/2024

Plan Type Floater Basis

Policy Tenure 1 Year

Room(Category)

Accidental Death Benefit ☐ Yes

- Riders shall be opted by all the eligible members. There cannot be selection between the eligible members for choosing riders.
- Dependent Children will not be covered under Personal Accident Benefit.

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

| SI No | Name of the Insured Person  | Gender | Relationship with Proposer* | Date of Birth | Height | Weight | Sum Insured# |
|-------|-----------------------------|--------|-----------------------------|---------------|--------|--------|--------------|
| 1     | RAJESH PARSOTAMBHAI THUMAR  | Male   | Self                        | 01/12/1974    | 177.8  | 73     | 500000       |
| 2     | REKHABEN RAJESHBHAI THUMMAR | Female | Wife                        | 01/10/1981    | 167.64 | 85     |              |
| 3     | MADHAVI RAJESHBHAI THUMMAR  | Female | Daughter                    | 03/08/2000    | 160.02 | 58     |              |
| 4     | HARSHIT RAJESHBHAI THUMMAR  | Male   | Son                         | 05/09/2002    | 152.4  | 65     |              |

\* Allowed relations (Spouse, children and dependent parents/parents in law)

# Options available (2, 3, 4, 5 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 |
|-----------------------------|----------------|--------------|------------------------|
| REKHABEN RAJESHBHAI THUMMAR | 01/10/1981     | Wife         |                        |

\*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):MDT70006709

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.)

### C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? Yes  
If yes please indicate the name and quantity per day.

|                                     | Insured Person                   |  |  |  |  |  |  |
|-------------------------------------|----------------------------------|--|--|--|--|--|--|
|                                     | RAJESH<br>PARSOTAMBHAI<br>THUMAR |  |  |  |  |  |  |
| Alcohol (in ml)                     |                                  |  |  |  |  |  |  |
| Smoking (No of Cigarettes or Bidis) |                                  |  |  |  |  |  |  |

|                                                               |         |  |  |  |  |  |  |
|---------------------------------------------------------------|---------|--|--|--|--|--|--|
| Pan Masala/Tobacco (in gms)                                   | Weekly2 |  |  |  |  |  |  |
| Others habit forming substances/addictive (Quantity consumed) |         |  |  |  |  |  |  |

## 7. PAYMENT DETAILS

Name of the Premium Payer: RAJESH PARSOTAMBHAI THUMAR

Relationship with the proposer: Self

Premium Amount (in ₹): 21403

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: BUSINESS

## Anti Money Laundering (AML) declarations

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I / we are not Politically Exposed Persons \* nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person. "Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

• 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 : RAJESH PARSOTAMBHAI THUMAR 10/11/2023

## 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.
- 10/11/2023 Signature of the Proposer: RAJESH PARSOTAMBHAI THUMAR
- 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. For detailed terms, conditions, exclusions and policy wordings please refer our website(www.tataaig.com)

## 10. DECLARATION/VERNACULAR DECLARATION

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 : TATHLIP21225V022021

Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

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:** RAJESH PARSOTAMBHAI THUMAR

**Name & Signature of agent/intermediary with code:** CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED 1565970000

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:** RAJESH PARSOTAMBHAI THUMAR

**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 1565970000

Place: RAJKOT

Date: 10/11/2023

Signature of Agent: CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED

## 12. SECTION 41 OF INSURANCE ACT 1938 (PROHIBITION OF REBATES)

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 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.
2. 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 :0220

Branch Receipt Date:

Business Type: Urban/ Rural/ Social

Intermediary Code and Name:CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED

Channel Type:BROKER CORPORATE

Customer ID - 6057383908

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, Maharashtra, India.

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

## 14. ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Proposal Number: MDT70006709

Date: 10/11/2023

Name of the proposer: RAJESH PARSOTAMBHAI THUMAR

We acknowledge with thanks the receipt of your proposal for Tata AIG MediCare - Protect and amount by DEBIT AUTHORIZATION of amount of ₹ 21403. 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

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 : TATHLIP21225V022021

Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

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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 amount paid against this proposal 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.