

Renewal Business-0288577002--TrackOn-620290933010



Name: KULDEEP SINGH

Date : 10-Apr-2022

Address: A/P- PATIKARA 186 NARNAUL, MAHENDRAGARH
HARIYANA
NARNAUL
MAHENDRAGARH
HARYANA
123001**Your Policy Details:**Policy Number : 0288577002
Renewal : 01
Endorsement : 00
Policy Period : From Date: 10/04/2022 00:00hrs To Date: 09/04/2023 23:59 hrs
Premium Paid : ₹ 7,720.00

Dear KULDEEP SINGH

Welcome to Tata AIG General Insurance Company Limited's family & we thank you for choosing our Accident Guard Plus Policy.

We are enclosing Policy schedule along with Proposal form and Policy Terms and Condition.

You can also obtain Policy Terms and Conditions from our website www.tataaig.com.

Kindly go through the enclosed information/declaration provided by you and in case your policy exhibits any error/discrepancy then we request you to get in touch with us with in 15 days of receipt of the policy for correction otherwise all particulars will be deemed to be correct.

You may reach us at our 24*7 helpline 1800 266 7780 for providing any information.

We, thank you once again, for choosing Tata AIG General Insurance Company. We assure you of our best of services at all times.

For Tata AIG General Insurance Company**Authorized Signatory**

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 LimitedRegistered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai-400013
24*7 Toll free Number: 1800 266 7780 Fax: 0226693 8170 Email: customersupport@tataaig.com website: www.tataaig.com
IRDA of India RegistrationNo: 108, CIN: U85110MH2000PLC128425, PAN No: AABCT3518Q, UIN: TATPAIP21187V022021

Policy Schedule

Intermediary/Broker name : JAINUINE INSURANCE BROKERS PVT LTD
 Intermediary/Broker License Number : 376
 Intermediary/Broker Contact No. : 0257-2225747

Issuing Office : NASHIK
 Proposal No : 202204090069444
 Partner Application number : CHNLPORT427723158
Proposer's Name : KULDEEP SINGH
 Proposer's address : A/P- PATIKARA 186 NARNAUL, MAHENDRAGARH
 HARIYANA
 NARNAUL
 MAHENDRAGARH
 HARYANA
 123001

Insured GST no : 27AABCT3518Q1ZW
 Place of Supply : HARYANA
 State Code : 06
 Contact Number : 8003209333
 Policy Number : 0288577002
 Product Name : Accident Guard Plus - Elite
 Plan Type : Individual
 Business Type : Renewal Business
 Policy Tenure : 1 Year
 Policy Period : From Date: 10/04/2022 00:00hrs To Date:09/04/2023 23:59 hrs

Insured Person Details

Sr.No.	Insured Persons Name	Date of Birth	Age	Occupation Class	Gender	Sum Insured	Escalation Benefit Amount (Rs)	Insured with Tata Aig Since
1	KULDEEP SINGH	15/05/1986	35	Class I	MALE	4,000,000.00	400,000.00	10/04/2021

Nominee/Assignee Details

Nominee Name	Relationship to Proposer
PREET AND VANSHU KULDEEP SINGH	Son

The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/ herself

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Coverage Details

COVERAGE	SUM INSURED
Accidental Death	100% Sum Insured
Permanent Total Disability	100% Sum Insured
Permanent Partial Disability	Up to Sum Insured-% specified in the document
Accidental Hospitalization Expenses (Medex)	Up to 10% of the Accidental Death Sum Insured or Rs 5 lacs or actual whichever is lower
Temporary Total Disability	Up to 1% of the Accidental Death Sum Insured or Rs 50,000 whichever is lower up to 104 weeks
Temporary Total Disability	Up to 1% of the Accidental Death Sum Insured or Rs 10,000 whichever is lower up to 104 weeks (For Spouse, if insured).
Accidental Dismemberment	25% of the Permanent Partial Disability benefit
Ambulance Cost	Up to Rs 25,000 or actual whichever is lower

Rider Details (Self Only)
Premium Details

Particulars	Amount (Rs.)
Net Premium (Rs.)	6,542.37
IGST(18 %)	1,177.63
Gross Premium(Rs.)	7,720.00
Gross Premium(In words)	Rupees Seven Thousand Seven Hundred Twenty And Paise Zero Only

Policy Comments if applicable:

Website	www.tataaig.com
SMS	"CLAIMS" to 5616181
Toll free	1800-266-7780 or 1800-22-9966
Submit Claim	Claims Department, Tata AIG General Insurance Co. Ltd., A-501, 5th Floor, BuildingNo.4, Infinity Park, Gen. A.K.Vaidya Marg,Dindoshi, Malad, Mumbai400 097

Stamp Duty Details :

The stamp duty of 200 (RUPEES AND PAISE) paid by Demand Draft, vide Receipt/Challan no.LOA/CSD/266/2022/731 dated 10/02/2022

GSTIN: 27AABCT3518Q1ZW-NASHIK , SAC CODE: 997133

For Tata AIG General Insurance Company Limited

Authorized Signature

Place of issue: NASHIK

Date of issue: 09/04/2022

* Temporary Total Disability cover is not applicable for Occupation / Risk class 3

For Policy wordings, please scan the below QR code :


Policy Servicing Office:
TATA AIG General Insurance Company Limited

Registered Office:- 2ND FLOOR PREMISES NO. 25 & 26,KAPADIA COMMERCIAL COMPLEX,OPP-JANALAKSHMI BANK(HO) OLD AGRA ROAD,NASHIK,MAHARASHTRA,422002.

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RECEIPT

Receipt No : 102601029790402

Receipt Date : 09/04/2022

Policy No : 0288577002

Received with thanks from MR KULDEEP SINGH a sum of 7720(Rupees Seven Thousand Seven Hundred Twenty And Paise Zero Only) vide Credit / Debit Card No 9999XXXXXXXX9999 dated 09/04/2022 Name as in credit/debit card - KULDEEP SINGH drawn on HSBC BANK , branch towards

Sl.No.	Policy Number	Total Premium	Utilized from the receipt for policy	Balance
1	0288577002	7,720.00	7,720.00	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: 27AABCT3518Q1ZW-NASHIK , SAC CODE: 997133

Revenue (consolidated) Stamp Duty duly paid vide challan No.LOA_NO.CSD/270/2022/727 date 10/02/2022 for applicable cases

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Transcript

Dear Proposer,

Please note that this policy has been issued based on information provided by you to our representative at the time of buying this policy from us. The summary of the details are mentioned below, we request you to go through the details carefully and thoroughly to ensure that all the details have been captured accurately and intimate us with in 15 days in case of any discrepancy.

1. PROPOSER'S DETAILS

Name (Mr /Mrs /Ms /Dr)	KULDEEP SINGH				
Gender	MALE	DOB:	15/05/1986	Marital Status:	MARRIED
Income Annual	0.00	Occupation:	Salaried		
Mobile No.	8003209333	Nationality:	INDIAN RESIDENT		
Voter's ID		PAN CARD No.			
E-Mail ID	pancholi.tejas@gmail.com				
Address	A/P- PATIKARA 186 NARNAUL, MAHENDRAGARH,HARIYANA,,NARNAUL,HARYANA,123001,INDIA				
Area	NASHIK				
City/Town	NARNAUL	Pin Code	123001		
District	MAHENDRAGARH	State	HARYANA		

2.PLAN DETAILS

Proposed Policy Period	From Date: 10/04/2022 00:00hrs To Date: 09/04/2023 23:59 hrs	Sum Insured(Rs.)	4,000,000.00
Policy Tenure	1 Year		
VARIANT:	Elite		
RIDER:	Temporary Total Disablement		

3.PERSONS TO BE COVERED

Sr.No.	Name Of The Insured Person	Gender	RelationShip With Proposer	DOB	Risk Class
1	KULDEEP SINGH	MALE	Self	15/05/1986	Class I

Risk Class**

- OccupationClass I - Individuals in non-hazardous occupations with office or travel duties, such as executives, senior management of companies with administrative functions, bankers, accountants, lawyers, and similar occupations.
- OccupationClass II – Individuals facing limited exposure to occupational hazards with superintending, engineering or medical duties, such as plant superintendents,engineers, physicians, inspectors and similar occupations.
- Occupation Class III - Individuals with occupational hazards, such as industrial workers, most of whom are skilled orsemi-skilled workers using machinery. Also in this group will be found filling station attendants, farmers, tradesmen and delivery clerks.
- Occupation Class IV - Individuals with occupational hazards, such as industrial workers using heavy machinery orun skilled laborers.
- Occupation Class V – members who are not engaged in any occupation for livelihood including retired members, non-earning children, housewives, dependent parents etc
- If a member has more than one occupation (eg: farmer who owns a retail shop) the higher of the two occupation classes would be considered for rating.

4. NOMINEE DETAILS

*If the Nominee is minor, Name and Address of Appointee and relationship with Minor

Nominee Name	DOB*	RelationShip	Address	Appointee Name	Relationship	Address
PREET AND VANSHU KULDEEP SINGH	05/04/2007	Son		MANTA	Spouse	

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5. ANY OTHER PERSONAL ACCIDENT POLICY DETAILS

Policy No.	Name of Insured Person	Insurer	Sum Insured (Rs)	Claims lodged during the preceding years
0288577002	KULDEEP SINGH		4,000,000.00	

6. MEDICAL AND DISABILITY DETAILS

A. Medical History

As you answer the questions truthfully. If not doing so would lead to termination of your policy.

	Insured Person						
	1	2	3	4	5	6	7
History of any illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N	N	N	N	N	N	N

7. PAYMENT DETAILS

Name of the Premium Payer : KULDEEP SINGH

Relationship with the proposer : Self Premium Amount(Rs) : 7,720.00

Instrument type : Credit/Debit funds : _____

Sources : _____

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).

Name of the Account Holder: _____

Name of the Bank: HSBC BANK

Type of Account: _____

Account Number : _____

IFSC Code of Bank: _____

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8. AML guidelines:

1. 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.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. 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

9. Declaration & Warranty on behalf of all persons agreed by you is as below:

- 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 aspects 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.
- I here by declare that I am a Salaried / Self Employed person & my Gross Annual Income is (Rs '000) : Rs _____
- I understand that the Sum Insured opted for will not be greater than 20 times / 40 times Gross Annual Income as per below:
 - In case of Salaried Person – Max 20 times of Income (as appearing in Form 16/ Salary Slip/ IT acknowledgement)
 - In case of Self – Employed Person – Max 40 times of Income (as appearing in IT acknowledgement / Audited P&L)



Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.

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