Critical Illness Policy

Proposal Form



To help us serve you better, kindly ensure that the form is completely filled in BLOCK Letters (This Insurance does not commence until the proposal is accepted and premium is realized by Tata AIG General Insurance Company Limited) Application Number:

Step 1A : P	EDOONAL DE		E	Branch Code: _		Producer Code:		
	ERSONAL DE	TAILS (Details o	f PROPOSED II	NSURED)				
1. Name	First Nam	•		lle Name		Surname		
2. Date of Birth	D D M M Y	Y Y Y Sex M F	Occupation			M	arital Status	
3. Address for	Communication					☐ Sing	gle Married	
District				City				
State						Pin Code		
Tel (O)		Fax	No		Mobile			
			y Period : From	D M M V V				
Email:		FOIIC	y Felioa . Floiii D	D IVI IVI Y Y	7 7 10	D IVI IVI Y Y	Y Y	
Step 1B : P	ERSONAL DE	TAILS of APPLIC	CANT, If other to	han PROPOS	ED INSURED			
1. Name	First Nam	е	Middle Name			Surname		
		V V V 0 M 5	0 .:				:t-1 Ct-t	
		Y Y Y Sex M F	Occupation				arital Status	
3. Address for	Communication					□ Sing	gle Married	
District				City				
State						Pin Code		
Tel (O)	-	Fax	No		Mobile			
Email:		Polic	y Period : From	D M M Y Y	Y Y To D	D M M Y Y	YY	
r. No.	Name of the	Nominee	Date of B	irth	Relati	ion with Proposer		
1			DDMMY	YYY				
		Address of Appoin		nip with Minor:				
Арро	ointee Name		Relationship			Address of the Appointee		
Step 2 : BE	NEFIT PLAN/F	PREMIUM SCHE	DULE					
-		PREMIUM SCHE		LEVEL 3	LEVEL 4	LEVEL 5	LEVE	
Age (in years)	LEVEL 0	LEVEL 1	LEVEL 2	LEVEL 3 ₹ 5,00,000	LEVEL 4 ₹ 7,50,000	LEVEL 5 ₹ 10,00,000		
-				LEVEL 3 ₹ 5,00,000	LEVEL 4 ₹ 7,50,000 ₹ 2709	LEVEL 5 ₹ 10,00,000	₹ 15,00,	
Age (in years) COVERAGE LIMIT	LEVEL 0 ₹ 1,00,000	LEVEL 1 ₹ 2,50,000	LEVEL 2 ₹ 3,50,000	₹ 5,00,000	₹ 7,50,000	₹ 10,00,000	₹ 15,00,	
Age (in years) COVERAGE LIMIT 18-24	LEVEL 0 ₹ 1,00,000 ₹ 393	LEVEL 1 ₹ 2,50,000 ₹ 982	LEVEL 2 ₹ 3,50,000 ₹ 1333	₹ 5,00,000 ₹ 1864	₹ 7,50,000 ₹ 2709	₹ 10,00,000 ₹ 3534	₹ 15,00, ₹ 5	
Age (in years) COVERAGE LIMIT 18-24 25-29	LEVEL 0 ₹ 1,00,000 ₹ 393 ₹ 530	LEVEL 1 ₹ 2,50,000 ₹ 982 ₹ 1325	LEVEL 2 ₹ 3,50,000 ₹ 1333 ₹ 1800	₹ 5,00,000 ₹ 1864 ₹ 2518	₹ 7,50,000 ₹ 2709 ₹ 3657	₹ 10,00,000 ₹ 3534 ₹ 4771	₹ 15,00, ₹ 5 ₹ 6	
Age (in years) COVERAGE LIMIT 18-24 25-29 30-34	LEVEL 0 ₹ 1,00,000 ₹ 393 ₹ 530 ₹ 715	LEVEL 1 ₹ 2,50,000 ₹ 982 ₹ 1325 ₹ 1789	LEVEL 2 ₹ 3,50,000 ₹ 1333 ₹ 1800 ₹ 2430	₹ 5,00,000 ₹ 1864 ₹ 2518 ₹ 3398	₹ 7,50,000 ₹ 2709 ₹ 3657 ₹ 4937	₹ 10,00,000 ₹ 3534 ₹ 4771 ₹ 6439	₹ 15,00, ₹ 5 ₹ 6 ₹ 9	
Age (in years) COVERAGE LIMIT 18-24 25-29 30-34 35-39	LEVEL 0 ₹ 1,00,000 ₹ 393 ₹ 530 ₹ 715 ₹ 1037	LEVEL 1 ₹ 2,50,000 ₹ 982 ₹ 1325 ₹ 1789 ₹ 2594	LEVEL 2 ₹ 3,50,000 ₹ 1333 ₹ 1800 ₹ 2430 ₹ 3522	₹ 5,00,000 ₹ 1864 ₹ 2518 ₹ 3398 ₹ 4928	₹ 7,50,000 ₹ 2709 ₹ 3657 ₹ 4937 ₹ 7159	₹ 10,00,000 ₹ 3534 ₹ 4771 ₹ 6439 ₹ 9337	₹ 15,00, ₹ 5 ₹ 6 ₹ 9 ₹ 13	
Age (in years) COVERAGE LIMIT 18-24 25-29 30-34 35-39 40-44 45-49 50-54	LEVEL 0 ₹ 1,00,000 ₹ 393 ₹ 530 ₹ 715 ₹ 1037 ₹ 1868 ₹ 3269 ₹ 5229	LEVEL 1 ₹ 2,50,000 ₹ 982 ₹ 1325 ₹ 1789 ₹ 2594 ₹ 4669 ₹ 8170 ₹ 13073	LEVEL 2 ₹ 3,50,000 ₹ 1333 ₹ 1800 ₹ 2430 ₹ 3522 ₹ 6340 ₹ 11096 ₹ 17753	₹ 5,00,000 ₹ 1864 ₹ 2518 ₹ 3398 ₹ 4928 ₹ 8871 ₹ 15524 ₹ 24838	₹ 7,50,000 ₹ 2709 ₹ 3657 ₹ 4937 ₹ 7159 ₹ 12886 ₹ 22551 ₹ 36081	₹ 10,00,000 ₹ 3534 ₹ 4771 ₹ 6439 ₹ 9337 ₹ 16808 ₹ 29414 ₹ 47062	LEVE ₹ 15,00, ₹ 5 ₹ 6 ₹ 9 ₹ 13 ₹ 24 ₹ 42	
Age (in years) COVERAGE LIMIT 18-24 25-29 30-34 35-39 40-44 45-49	LEVEL 0 ₹ 1,00,000 ₹ 393 ₹ 530 ₹ 715 ₹ 1037 ₹ 1868 ₹ 3269	LEVEL 1 ₹ 2,50,000 ₹ 982 ₹ 1325 ₹ 1789 ₹ 2594 ₹ 4669 ₹ 8170	LEVEL 2 ₹ 3,50,000 ₹ 1333 ₹ 1800 ₹ 2430 ₹ 3522 ₹ 6340 ₹ 11096	₹ 5,00,000 ₹ 1864 ₹ 2518 ₹ 3398 ₹ 4928 ₹ 8871 ₹ 15524	₹ 7,50,000 ₹ 2709 ₹ 3657 ₹ 4937 ₹ 7159 ₹ 12886 ₹ 22551	₹ 10,00,000 ₹ 3534 ₹ 4771 ₹ 6439 ₹ 9337 ₹ 16808 ₹ 29414	₹ 15,00, ₹ 5 ₹ 6 ₹ 9 ₹ 13 ₹ 24	
Age (in years) COVERAGE LIMIT 18-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59	LEVEL 0 ₹ 1,00,000 ₹ 393 ₹ 530 ₹ 715 ₹ 1037 ₹ 1868 ₹ 3269 ₹ 5229 ₹ 8366	LEVEL 1 ₹ 2,50,000 ₹ 982 ₹ 1325 ₹ 1789 ₹ 2594 ₹ 4669 ₹ 8170 ₹ 13073 ₹ 20917	LEVEL 2 ₹ 3,50,000 ₹ 1333 ₹ 1800 ₹ 2430 ₹ 3522 ₹ 6340 ₹ 11096 ₹ 17753 ₹ 28405	₹ 5,00,000 ₹ 1864 ₹ 2518 ₹ 3398 ₹ 4928 ₹ 8871 ₹ 15524 ₹ 24838 ₹ 39741	₹ 7,50,000 ₹ 2709 ₹ 3657 ₹ 4937 ₹ 7159 ₹ 12886 ₹ 22551 ₹ 36081 ₹ 57729	₹ 10,00,000 ₹ 3534 ₹ 4771 ₹ 6439 ₹ 9337 ₹ 16808 ₹ 29414 ₹ 47062 ₹ 75299	₹ 15,000 ₹ 1 ₹ 6 ₹ 24 ₹ 43 ₹ 109	

Critical Illness Policy UIN: TATHLIP05001V010405

Date DDMMYY Branch: Signature / Seal

Cheque No. / Pay Order No.