



WITH YOU ALWAYS

Domestic Travel Guard Proposal Form

Producer Name :

Producer Code :

Travel Details

Place of Travel

1. 2.

3. 4.

5. 6.

Departure Date Arrival Date

Number of days

Mode of Travel (Please Tick) Rail Road Air Purpose of visit Leisure Business

Personal Details

Name

Address

City

State PIN

Tel (R) Tel (Off)

Mobile e Mail

Details of persons to be insured

Yes ! I would like to cover the following members of my family (Please fill in only for those members being covered)

	First Name	Surname	Date of Birth	Nominee Name* +	Relationship (with the insured)
Insured 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*+ In case the nominee is a minor, please provide the name of the guardian too.

Payment Mode (Please ✓ the appropriate box)

Total No. of Travel Days: Total No. of Insured :

Total Premium : Less Discount as per discount structure Net Premium

Cheque Demand Draft Cheque/Demand Draft No. Date

Payable in favour of Tata AIG General Insurance Company Ltd.

Name of the Bank Branch

Credit Card* No.: Expiry Date :

(*Only Visa/Master Card accepted)

