B	BAJAJ	Allianz 🕕
	Relationship	Beyond Insurance

Bajaj Allianz General Insurance Co. Ltd G.E. Plaza, Airport Road, Yerawada,Pune - 411006. IRDA Reg No.: 113 | CIN: U66010PN2000PLC015329 | UIN: IRDAI/HLT/BAGI/P-P/V.I/30/14-15

For Office Use Only :		For Agent Use Only :										
Scrutiny No. Receipt No.	Policy No.	Loan Account Numbe	r Emp/L	.G Code	IMD Cod	e	Sub IMD C	Code	IMD Name		Mobile No.	
	CLODAL								8.4			
Instructions For Filling Up The		. PERSONAL GUA	KD PU	LICY		UAL):	PROPU	JSAL FUR				
1. Please answer all questions		ers.										
2. The Liability of the Company	y does not co	mmence until this Propo										
 This Proposal will be the bas FULLY AND ACCURATELY ar 												
the risk or the terms upon w			dily dilu a	iii auuiti		JITTEleva	THE LO TISK LC) be insured (IT ILS DECISION AS	to accep	ITELE OI	
Proposer Details												
1. Full Name: Title				Fire	st Name	1 1						
Middle Name			I I			 						
					rname					<u> </u>		
Is your name mentioned ab	oove as per yo	our Aadnaar Card? : 🗆 YE		NO, Plea	se mention the	e Name a	s per Aadn	aar Card				
2. Are you an existing Bajaj Alli	ianz Custome	er: Y es / No If yes, please	mention	the Poli	cy No: OG							
3. Gender: 🗆 Male 🗆 I	Female □	Other		4. D	ate of Birth	DD	M M	Y Y Y	Y			
5. PAN No.				6. U	ID/Aadhaar no.	:						
7. Bajaj Allianz Employee Code	e, if Proposer i	s BAGIC/BALIC Employee										
8. Marital Status: 🗆 Marrie	d 🗆 Singl	le 🗆 Divorced 🗆 '	Widowed	9.1	No. of Children	S	ions	Daughters				
10. Occupation 🗆 Business		d 🗆 Professional 🗆	Studen									
11 a) Permanent / Residential A	Address 11			b) Corresponde	ence Add	Iress: (All 1	the commun	ications will be s	sent to th	ne below address	5)
House No.					House No.							
House Name					House Name							
Landmark/Locality					Landmark/Lo	cality						
Road/Area Name					Road/Area Na	<u> </u>						
City/District					City/District							
State					State							
Pin Code					Pin Code							
Tel.					Tel.							
Mobile					Mobile							
Email					Email							
12. Educational Qualification:	□ Matricul	ate 🗆 Under Graduat	:e □ (Graduate	e 🗆 Post G	raduate	□ Prof	fessionally Qu	alified			
13. Family Monthly Income:	□ Up to Rs.	20,000 🗆 Rs. 20,001	to Rs. 50,0	000 🗆	Rs. 50,001 t	o Rs. 1 lal	kh 🗆 A	Above Rs. 1 la	kh			
14. In case of any Offer, you wou	uld prefer to l	pe contacted by: 🗆 P	hone 🗆	Emai	I							
15. Nationality				16.	. Policy Period	□ 1y	∕ear □	2 year 🗆	3 year			
Details of persons to be insured												
			Relatio	nshin	Date of Birth	Age	Gender	Gross			Nominee	
Membe	r Details		with Pro	poser			Gender	Monthly	Nomine	ee	Relationship)
					DD/MM/YYYY		(M/F)	Income			with Insured	
							+					
Base Cover Details												
It is mandatory to opt for at lea	st one of the	Sections (Section I – D	eath, Sec	tion II- I	Permanent To	tal Disat	oility, and	Section III- F	Permanent Par	tial Disa	bility)	
,							ATH		NENT TOTAL		ANENT PARTIAL	
				· ·	Existing	DL	./ \		ABILITY		DISABILITY	
Member Det	tails	Осси	upation		sability/ firmity	C	المحرب مع	C	Incured	c	um Insured	
						Sum	Insured	Sum	Insured			

You may opt for the following Optional Covers on payment of additional premium.								
Member Name	Accidental Hospitalization Expenses Sum Insured		Adventure Sports Benefit*		Air Ambulance Cover	Children's Education Benefit**	Coma Due to Accidental Bodily Injury	EMI Payment Cover***
Member Hame			Death Sum Insured	PTD Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Member Name		Fracture C	Care Hospital Cas Benefit		Loan Protector Cover****	Loss of Income due Disability from Accic		Travel Expenses Benefit****
		Sum Insu	red Per Da	y Benefit	Sum Insured	Weekly Benefit Amo	unt Sum Insured	Sum Insured

		₹25,000	₹25,000

Loan Account Details (Please fill in details in case of Loan protector cover and EMI Payment cover):-

Bank Name: Address

Type of Loan:	Loan Account Numbe	r	
Sanctioned Loan Amount:	Loan Period	FMI (Rs.)	

Note: • *'Adventure Sports Benefit' can be opted only if the Proposer has opted for Section I – Death Cover AND/ OR Section II: Permanent Total Disability

- ***Children's Education Benefit" can be opted only if the Proposer has opted for Section I Death Cover AND/OR Section II Permanent Total Disability
- ****"EMI Payment Cover" can be opted only if the Proposer has opted for Section 3 Permanent Partial Disability (Loan Sanction Letter to be submitted mandatorily.)
- *****"Loan Protector Cover" can be opted only if the Proposer has opted for Section 1 Death AND/OR Section II Permanent Total Disability (Loan Sanction Letter to be submitted mandatorily.)
- ***** "Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional cover's

EXISTING INSURANCE DETAILS \sim

Are the persons insured under the	policy, alleady insuled under any similar kind		NO	
Coverage	Name and Address of Insurance Company	Policy Number	Sum Insured	

Coverage	Name and Address of Insurance Company	Policy Number	Sum Insured	Period of Insurance
				From: DD/MM/YYYY , To: DD/MM/YYYY
				From: DD/MM/YYYY , To: DD/MM/YYYY

Declaration^{*}

- 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 1. complete in all respects to the best of my knowledge and that I am authorised 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 2. 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 3. 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 4. 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.
- 5. 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.

Date ____ / ____/ ____

Signature/ Thumb Impression of the Proposer

Signature (On behalf of Proposer)

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract*

Date _/__ _/ _

Place:

Place :

*Please read declaration wordings carefully before signing the proposal form.

**This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (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 the premium shown on the policy, nor shall any person taking out or renewing 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 punishable with fine which may extend to rupees ten lakh.

Date:

ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mr: sum of Rs.

_through Cash# / Cheque / DD / Credit Card / Debit Card No. _ Signature of Bajaj Allianz Official/ Intermediary:

_against your proposal for Health Policy. Time: Place: