

Bajaj Allianz General Insurance Co. Ltd. G.E. Plaza, Airport Road, Yerawada, Pune - 411 006.

For Agent Use Only:

For Office Use Only:

	,	
Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

Emp/LG Code	Loan Account Number	IMD Code	Sub IMD Code	IMD Name	Mobile No.

EXTRA CARE PROPOSAL FORM

Instructions For Filling Up The Form:-

- 1.
- 2.
- Please answer all questions in BLOCK letters
 The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
 This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND 3. ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms

Proposer Details 1) Full Name: Title	255)														
Middle Name 2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG 3) Gender: Male Female Other 4) Date of Birth D D M M Y Y Y Y S 5) PAN No. 6) UID/Unique ID: 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee 8) Marital Status: Married Single Divorced Widowed 9) No. of Children Sons Daughters	255)														
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8) Married Single Divorced Widowed 9) No. of Children Sons Daughters	ess)														
	ess)														
10) Occupation Business Salaried Professional Student House Wife Retired Others	ess)														
11 a) Permanent / Residential Address 11 b) Correspondence Address: (All the communications will be sent to the below address)															
House No. House No. House No. House No. Name															
Landmark/ Locality Landmark/ Locality Locality															
City/District															
State Pin Code State Pin Code Pin Code															
Tel.															
Mobile	_														
Email	-														
E-Mail	_														
12) Educational Qualification: Matriculate Under Graduate Graduate Post Graduate Professionally Qual	fied														
13) Family Monthly Income: Up to Rs. 20,000 Rs. 20,000 Rs. 50,000 Rs. 50,001 to Rs. 1 lakh Above Rs. 1 lakh	ſ														
14) In case of any Offer, you would prefer to be contacted by: Phone Email 15) Nationality Phone															
16) Plans: Plan A – Sum Insured 10Lacs – deductible 3Lacs Plan B – Sum Insured 12Lacs – deductible 4Lacs Plan C – Sum Insured 15Lacs – deductible 5Lacs – Details of the persons to be insured	US .														
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No Name (dd/min Age / (M/E) HL WL Occupation Relation Premium Norminee (M/E)	onship														
No (M/F) The Market Metadem Fremann of No	minee														
17) Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y															
18) Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption	No														
19) Has any of the persons to be insured suffer from/or investigated for any of the following?															
Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind, diabetes,	_														
hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped dis backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV, If yes, indicate in the table given below.	c, No														
20) Have you or any of your immediate family members (father, mother, brother or sister) have/ had cancer, heart attack, or stroke and at What age? Prior to age 60yrs? Yes	No														
If yes please provide details															
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21) Ple	ase conf	irm, if an	y of th	e pe	rson	to	be in	sure	d is	preg	na	nt (F	or	Fem	nale	es O	nly)If y	es,	plea	ase	sta	ate h	iow	ma	any	mor	nth:	s?									 	Ye	 es] No
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det 25) Det	tailstails of cu	ırrent he	alth in	sura	ınce p																	_																		nsur	ance
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26) Fan Name: Qualific Addres		or Detai	ls:																								I N	Mob	oile												
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Date Place																											L					Si	gnat	ture	e of	Prop	pose	er			
Name	and Des	ignation	:																																						

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

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