

For Office Use Only :

For Agent Use Only :

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

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. 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 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 upon which it should be accepted

Proposer Details

[illegible]

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
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[illegible]

7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:					
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8) Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed 9) No. of Children Sons Daughters

10) Occupation : ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ House Wife ☐ Retired ☐ Others _____

11a) Permanent / Residential Address :[illegible][illegible][illegible][illegible]

11b) Correspondence Address : (All the communications will be sent to the below address)

[illegible][illegible][illegible][illegible][illegible]

Mobile Number E-Mail @

12) Educational Qualification: ☐ Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionally Qualified

13) Family Monthly Income: ☐ Up to Rs. 20,000 ☐ Rs. 20,001 to Rs. 50,000 ☐ Rs. 50,001 to Rs. 1 lakh ☐ Above Rs. 1 lakh

14) In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email 15) Nationality

16) Sum Insured (Rs.) Opted : ☐ 2 Lacs ☐ 3 Lacs ☐ 4 Lacs ☐ 5 Lacs ☐ 7.5 Lacs ☐ 10 Lacs

Details of the persons to be Insured

[illegible]

16) Period of Insurance : From

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 To

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17) Co-Payment (Waiver for non-network Hospitals) ☐ Yes ☐ No

18) Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol in any form? ☐ Yes ☐ No

Please give duration and daily consumption _____

- 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 disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV. If yes, indicate in the table given below.
- 20) Please confirm, if any of the person to be insured is pregnant (For Females Only) ☐ Yes ☐ No
If yes, please state how many months? _____
- 21) Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and have been taking treatment/ hospitalization? ☐ Yes ☐ No
(Please provide details in the table given below)
- 22) Illness/injury details of the past 4years and prior to 4 years.

Sr. No.	Name of the person	Name of the Illness / injury suffered / suffering in the past 4 years	Treatment details	Date first treated	Name of the Illness / injury suffered any time in the past (prior to 4 years)	Treatment details	Date first treated	Current Status of the Illness/ Diseases/Injury

- 23) Has any proposal for life, critical illness or health related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details _____

24) Family Doctor Details:

Name:

Qualification: Mobile No:

Address:

Reg No:

Voluntary Deductible

Deductible Amount in Rs Please tick the opted deductible Discount (%)

Deductible Amount in Rs	10,000	15,000	25,000	50,000	75,000	100,000	150,000	200,000	250,000
Please tick the opted deductible									
Discount (%)	10.00%	15.00%	17.50%	20.00%	22.50%	25.00%	27.50%	30.00%	32.50%

Declaration

I/we declare that the statements made by me/us in this proposal form are true and to the best of my / our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Bajaj Allianz General Insurance Company.Ltd.. I / we also declare that if any additions or alterations are carried out after the submission of this proposal form and/or issuance of policy document, the same would be conveyed to the Bajaj Allianz General Insurance Company Ltd immediately. I further consent and authorize Bajaj Allianz General Insurance Company Ltd and/or any of its authorized representatives to seek medical information from any hospital/medical practitioner who has attended or may attend in future concerning any disease or illness. I further declared that I have read the prospectus and have understood the same. I accept the policy, subject to terms, exclusions and conditions prescribed therein and further disclose that on the event of finding any thing contrary to what has been declared by me, I shall be held responsible for all consequences thereof and insurance company shall incur no liability under this insurance

Place: Signature of Proposer

Date: Name and Designation

Insurance Act, 1938 Section 41 - 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 or continuing 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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

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***

Place: Signature (On behalf of Proposer)

Date: Name

*** 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.

Portability Annexure

Please fill this form if Portability is opted

Reason for Portability _____

Are there any add ons or riders in the previous coverage _____

Whether CB needs to be converted to the enhanced SI _____

Past Insurance Details

(Please attach a policy copies as declared)

First Name of Insured	Name of Insurance Company	Details of Previous Health Insurance Policy / Policy No.	Health ID Card number	Sum Insured	CB	Period of Insurance		First Policy inception date
						From dd/mm/yyyy	To dd/mm/yyyy	

CLAIM DETAILS UNDER PREVIOUS POLICIES TILL DATE

S. No.	First Name of Insured	Ailment claimed for	Amount of Claim	Policy No.

Whether the Pre-Existing Exclusions / time bound exclusions have longer exclusion period than the existing policy ☐ Yes / ☐ NO

If yes Please give the written declaration as below

Declaration

I am aware that the waiting period for Pre-existing diseases / time bound exclusions is _____ years more than the previous policy terms. I hereby agree to observe the additional waiting periods

I/we declare that the statements made by me/us in this proposal form are true and to the best of my / our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Bajaj allianz General Insurance Company.Ltd.. I / we also declare that if any additions or alterations are carried out after the submission of this proposal form and /or issuance of policy document, the same would be conveyed to the Bajaj allianz General Insurance Company Ltd immediately. I further consent and authorize Bajaj allianz General Insurance Company Ltd and/or any of its authorized representatives to seek medical information from any hospital/medical practitioner who has attended or may attend in future concerning any disease or illness. I further declared that I have read the prospectus and have understood the same. I accept the policy, subject to terms, exclusions and conditions prescribed therein and further disclose that on the event of finding any thing contrary to what has been declared by me, I shall be held responsible for all consequences thereof and insurance company shall incur no liability under this insurance

Place:

Signature of Proposer

Date:

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