BAJAJ Allianz (11)

Bajaj Allianz General Insurance Company Limited

Scrutiny No.	Receipt No.					Policy No.						IMD Code			Sub IMD Code			de	IMD Name				Mob	ile N	lo.		Emp/LG Code					
			P	RIV	/AT	EC	AR	/т	W) V	VHI	EEI	.ER	PA	CK.	AG	ΕP	OL	ICY	– P	RO	PC	SA	L F	OR	М						
1. Please answer all premium has been p this Proposal FULLY the risk or the terms	aid 3	. This CCU	in B s Prop RATE	LOCI posa LY ar	K lett I will nd th	ters be tł at yo	2. T ne ba u pr	he L asis c	iabili of any	ty o y sul	f the oseq	e Coi uent	mpar t poli	ny do cy th	oes r nat w	not c ve iss	comr sue to	nenc o you	e un 1. It is	ntil tl s the	his P refo	ropc re es	osal h senti	nas b ial th	een at yo	acce ou pi	rovio	de al	lthe	e info	orma	tion in
Proposer Details																				1	1	1	1	1		1			1			
1) Full Name: Title	2															I	First	Nam	ie													
Mid	dle Na	ame														9	Surn	ame														
2) Are you an existi	ng Baj	jaj Al	lianz	Cust	tome	er: Ye	s / I	No	lf yes	, ple	ease	mer	ntion	the	Polio	cy No	o: 00	G					1									
3) Gender: Male	F F	emal	e [Othe	er 🗌]									4)	Date	e of E	Birth	:	D	D	\mathbb{M}	M		Y	Y	Y	Y			
5) PAN No.																6)	UID/	/Unio	que l	D :												
7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:																																
8) Marital Status: Married Single 9) No. of Children Sons Daughters																																
10) Occupation : Business Salaried Professional Student House Wife Others																																
11a) Permanent / R	esider	ntial /	Addre	ess :	:						I	I	I	I	1	I	I	I	1	ı	I	I	I	1	1	ı	I	I	I	1	1	1 1
House No & Name				Ļ							<u> </u>		<u> </u>		Ļ		Ļ	<u> </u>			Ļ	Ļ	<u> </u>	<u> </u>	<u> </u>		Ļ	<u> </u>		Ļ	Ļ	
Landmark/Locality																																
Road/Area Name] c	ity															
State																								Pi	n Co	ode						
11b) Correspondence Address : (All the communications will be sent to the below address) House No & Name																																
Landmark/Locality				ـــــــ ا																				 	 		1	 	1	1	-	
Road/Area Name				 											 	l c	ity							 	 		 	 	 			
State]	,							 рі	in Co	u nde	 	<u> </u>	1	1		
Telephone (Res.)				ــــــ ا											Tele	pho	ne (() Office				I		」・・ 				 		1	-	
Mobile Number				 								Mai							-,		1	1	I		 @	1	1		_	_	_	
12) Educational Qua	 alificat	ion:		/atr ⁱ	icula [°]	te		Unde	er Gr	adu	J			luate	e [∃ Po	st Gi	radu	ate	F	Profe	ssio	nallv			d						
, 13) Family Monthly								_					s. 50,					60,00						Abo			lakh	l				
14) In case of any O	ffer, y	ou w	ould	pref	er to	be c	onta	octed	l by:		Pho	ne] Em	ail																	
Vehicle & Cover D	etails																															
1) Period of Insuran	ce: Fro	om:) [DN	VI I	/		ΥN		Y	To:	D	D	M	M	Y	Y	Y	Y	2) l	icer	ce Ty	/pe:		Pe	erma	nen	t	Le	earni	ng
3) Age at which you	got tł	ne lic	ense	: [4)	Reg	gistra	tion	No.	:														
5) Date of Registrat	on :	D	D	Μ	\mathbb{M}	Y	Y	Y	Y				6)	Reg	gistra	tion	Aut	hori	ty :													
7) Year of Manufact	ure:	Y	Y	Y	Y								8)	Dat	e of	purc	chase	e of t	he v	ehic	le by	You	:		D	D	\mathbb{N}	\mathbb{N}	1	()		Υ
9) Whether the veh	icle w	as Ne	ew [] (or Se	cond	Han	nd [a	t the	e tim	e of	purc	hase	е				I													
10) Engine no:			<u> </u>	Ļ	<u> </u>		_	_	_		_	_		C	hass	is No): [_			_		<u> </u>					\square			4	
11) Make:		_	_	Ļ			_		_		_			N	1ode	1:																
Subtype :				Ļ	<u> </u>																											
12) Cubic capacity] 	S	eati	ng ca	apaci	ty:	Drive	er (1)+																			
13) Fuel Used:	Pet	rol	D	iese		LPO			IG		Elec	tric		Any	othe	er			14)	Kiloı	nete	er rea	ading	g as c	on da	ate	L					
15) Whether any n If yes, please g				onve	rsior	ns ha	ve b	een	done	e on	the	mak	er's s	tand	dard	spec	cifica	tion														
16) Is the vehicle fi				heft	devi	ce:		Ye	es 🗌		No																					
17) Do you own and				_	No		-			-	vide	Vehi	icle N	1ake									a	nd N	/lode	el						
18) Hypothecation	Details	s: Na	me o	f Fin	ancia	al Ins	titu	ion/	Bank	c :		. —																				
Loan Account N	lumbe	er:																														

Past In	surance Details																						
				I		1				1				1		1	1						
	e and address of the previous in	nsurer												5.4 5.4									
2) Prev	vious Policy Number							P	olicy e' ר	xpiry c	late :		D	MM	Ŷ	Y	ΥΥ						
	,						Claims					Amou	L										
4) NCB	Earned on last policy (if applica	ble):	%	(Please	attach a	copy of	renew	al notice	from	the pro	eviou	is insur	er)										
	r Details																						
	icle would be driven by: 🔃 Y give details of main drivers/ nam	<i>'</i>] You anc	l Your S	pouse	You,	Your S	pouse	and	any otl	ner pe	rson na	amed	belov	٧.						
Sr.		1	onship wit	th			ffering	from	any														
No.	Name in Full		roposer		Date of B	irth	Occu	pation		Years	0		di	sease /	ease / infirmity								
1												_											
2																							
	of additional drivers, kindly atta	ch a sepa	rate sheet	t.																			
	osed Coverage ional Compulsory Deductible Aj	nnlicable·	Rs																				
	her geographical area extensior			ountries	s is requir	ed?																	
Bangladesh Bhutan, Maldives, Nepal, Pakistan, Srilanka (Please tick whichever applicable)																							
3) Documents attached: Cover Note Renewal Notice Policy Copy Inspection Report Registration Certificate Declaration															aration								
ΡΑ Οι	wner Driver : Nomination Details																						
	nal Accident Cover for Owner -Drive	er is compu	ulsory unde	er Privat	e Car/Two	Wheel	er Packa	ge Policy.	. Please	egiveth	e det	ails of N	lomina	itions.									
a) Name	of the Nominee:																						
b) Age of	the Nominee: c) Relation	onship of th	he Nomine	e to the	Owner-Di	river:										_							
d) Name	of the Appointee (required only if t	the Nomin	ee is a min	or)																			
e)Relatio	onship of the Appointee to the Nom	ninee:																					
	Note: a) Personal Accident cover for Owner-Driver is compulsory for Sum Insured of Rs. 1 lakh for Two Wheeler and Rs. 2 lakhs for Private Cars. b) Compulsory PA cover to Owner-Driver approx be granted where a vehicle is owned by a company, a partnership firm or a small hody corporate or where the Owner-Driver does not hold an effective driving license																						
	cannot be granted where a vehicle is owned by a company, a partnership firm or a small body corporate or where the Owner-Driver does not hold an effective driving license. 2) Do you wish to Opt for Personal Accident Cover for named Persons: Yes No																						
If Yes, gi	If Yes, give name & Capital Sum Insured (CSI) opted for																						
Sr. No.	Name				CSI Opte	CSI Opted (Rs.) Nominee											Relationship						
	ase of additional persons, kindly attach a sepai nium Calculation Table	rate sheet.2)A	is per the provi	isions of IN	1T 15, the ma	kimum Sur	n Insured a	available per	r person is	s Rs 1 lakh	in case	of Two wł	neeler &	Rs 2 lakhsi	in case o	f Private	Car.)						
	red Declared Value (IDV) of the v	ohiclo				up of El	octrical	accossori	ios fitto	d to th	o vok	viclo											
						(C) Value of Electrical accessories fitted to the vehicle																	
(B) Valu	ie of CNG/LPG kit				(D) Val	(D) Value of Non-Electrical Accessories fitted to the vehicle																	
						TOTAL IDV in Rs (A+B+C+D)																	
Own Da	amage		Amo	ount	Liabilit	Liability										Amount							
Own Da	amage @%				Basic T	P Covei																	
CNG/LP	'G kit				(-) TPP	D Restr																	
Electrica	al/Non-Electrical Accessories				CNG/L	PG																	
(-) NCB	@%				PA for	Owner-																	
	ntary Excess of Rs				_	Passen																	
	mercial Discount @%						-	ured per	nercon	(Re)				-									
(-) com							Summis							_									
	Package Opted:							Numbe	r of pe	rsons				_									
Раскаде	e Name :				Legal L	iability	to Paid I	Driver															
		Legal L	iability	to other	employe	ees																	
				N	umber of	femplo	oyees																
		TOTAL										то	TAL										
Net Pre	mium (Own Damage + Liability)																						
Service	tax @%		<u> </u>																				
	remium	-																					
	ent Details			r	,																		
Cheque	Cheque No:		Cheque	Date:	DD	MIN	1 Y	ΥΥ	YC	ash 🗌	Cr	edit Ca	rd 🗌	Other	s								

Declaration

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that to the best of my personal knowledge and belief that the vehicle is in sound and roadworthy condition. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof. The statements and particulars given in this Proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the Statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company.

I/We hereby agree and undertake that I/we are agreeable to receive one page policy document without enclosing the T & C of policy and I hereby authorise company that all T & C of policy can be displayed in the website of company that enables access by me/us if I/we want to know the terms and conditions of policy displayed on website. The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/we agree to the same.

ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING REFUND/CLAIM AMOUNT :

I hereby agree to receive all monies due from insurance company by way of refund of premium, claims etc into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation.

Place:				Signature of Proposer	
Date :	DD	MM	Y Y Y Y	Name and Designation (In case of Corporate)	

Section 41 of Insurance Act, 1938

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.

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 :	D	D	Μ	\mathbb{M}	Y	Y	Y	Y	Name												

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