

20) 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

Yes No

If yes please provide details

Name of Insured _____

Details of Disease _____

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? (Please provide details in the table given below)

Sr No	Name of the person	Name of the Illness /injury suffered / suffering in the past	Treatment details	Date first treated	Current Status of the Illness/ Diseases/Injury

22) EXISTING/PREVIOUS INSURANCE DETAILS*

Is the proposer or the persons proposed, already insured under a health insurance plan with Bajaj Allianz General Insurance Company Limited or any other insurance Company?

Yes No

If Yes, Please provide following details:

Policy No	Name of Insurance Company	Insured Name	Period of Insurance		Sum Insured (Rs.)	Claims lodged during the preceding years
			From	To		

23. Do you want Us to consider these details for continuity*? Yes No

*Please note that continuity of benefits shall NOT be considered if the above question of want of continuity is not replied affirmative, details are not provided and Portability form and relevant supporting documents are not submitted

Payment Details

Mode of payment: Cash Debit Card Credit Card Others

Instrument No.	Name of the Premium Payer	Relationship of Payer with Proposer	Bank Details	IFSC Code	Account No	Amount (in Rs.)

Please make a A/C Payee Cheque/DD/Pay Order in favor of 'Bajaj Allianz General Insurance Company Limited'

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 complete in all respects to the best of my knowledge and that I am authorized 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 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 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 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.
- 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.

Proposed Policy Period:

From

D	D	M	M	Y	Y	Y	Y
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Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To

D	D	M	M	Y	Y	Y	Y
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Signature/ Thumb Impression of the Proposer

Signature, Name and Address of Witness

(Applicable only if the Proposer has affixed Thumb Impression)

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and Terms and Conditions of the policy to the Proposer in the language understood to him / her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof.

Date : _____

Place : _____

Signature of the Declarant
(Intermediary/ Agent/ Insurance Official)

Name of the Declarant: _____

Agent's declaration

I, _____ (Full Name) in the capacity of Insurance Advisor/ Specified Person of the Corporate Agent/ Authorised employee of the Broker/ Relationship Officer, do hereby declare that I have explained (in vernacular/local language as well) to the proposer all the contents of this Proposal Form including the nature of the question(s), statement(s), information and response(s) submitted by him/her. Any detail submitted through this proposal form will be considered as the basis of the Contract of Insurance between the Insurer and the Proposer, subject to the acceptance of the proposal. I have further explained that in case of any untrue statement(s)/ information/ misrepresentation is/ are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to reject the proposal or limit benefits under the policy at its sole discretion. Also, in case of non-disclosure of any material fact, the policy issued to his/ her favour based on the Proposal form may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited by the company.

Signature of the Advisor/ Corporate Agent/ Broker/ Relationship Officer)
License No. and Agency Code/ Broker Code/ Employee No. _____
Date: _____

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 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 liable for a penalty which may extend to ten lakh rupees.

Bajaj Allianz General Insurance Co. Ltd.

GE Plaza, Airport Road, Yerawada, Pune - 411006. Reg No.: 113. | CIN: U66010PN2000PLC015329
For more details, log on to : www.bajajallianz.com or call at : Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)



ACKNOWLEDGMENT:

Received from Ms. / Mrs. / Mr: _____

sum of Rs. _____ through Cash# / Cheque / DD / Credit Card / Debit Card No. _____ against your proposal for Health Policy.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Bajaj Allianz Official/ Intermediary

Bajaj Allianz Official / Intermediary Name: _____

Time : _____

Place : _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion.