				For Office Use	Unly:	-
BAJAJ Allia	1Z (IJ)			Scrutiny No	. Receipt No.	Policy No.
Relationship Beyond In	surance	F000735597		For Agent Use	Only:	
	Emp/LG Code	Loan Account	IMD Code	Sub IMD Code	IMD Name	Mobile No.
		Number				
	EXT	RA CARE PRO	POSAL FORM			
nstructions For Filling Up The Form:-						
 Please answer all questions in BLOCK letters The Liability of the Company does not cor This Proposal will be the basis of any subs ACCURATELY and that you provide us wit upon which it should be accepted 	nmence until this Pro equent policy that we	e issue to you. It is th	erefore essential that	you provide all the info	ormation in this Pro	
roposer Details						
) Full Name: Title		Fi	rst Name			
Aiddle Name		S	urname			
	- / N - 15					
) Are you an existing Bajaj Allianz Customer: Yo						
B) Gender: Male Female Other	4) Date of Birth		Y Y Y Y	5) PAN No.		
) UID/Unique ID:		7) Bajaj Allianz	Employee Code, if Pr	pposer is BAGIC/BALIC	Employee	
) Marital Status: Married Single	Divorced Wido	wed 9) No. of	Children Sons	Daughters		
0) Occupation Business Salaried	Professional	Student Hou	use Wife Retire	d Others		
1 a) Permanent / Residential Address		11	b) Correspondence	Address: (All the commu	nications will be sent t	o the below addres
louse No. House No.		He He	ouse No.	House		
andmark/			ndmark/			
oad/		Ro	ad/ ea Name			
			ty/District			
	Pin Code		ate		Pin Code	
el.			I.(Res.)			
1obile			I.(Office)			
mail			obile Number			
			Mail			
			_			
2) Educational Qualification: Matriculate		Graduate	Graduate	Post Gradu		essionally Qualif
3) Family Monthly Income: Up to Rs. 20,0		01 to Rs. 50,000	Rs. 50,001 to Rs. 1	lakh Above Rs. 1	lakh	
4) In case of any Offer, you would prefer to be c 6) Plans : 🦳 Plan A – Sum Insured 10Lacs – d			5)Nationality		n Insured 15Lacs –	de du etible El es
Details of the persons to be insured		ridit b – Sutti ilisuted	T 2Lacs – deductible		ITINSULEU TOLACS –	
	DOB					
Name	(dd/mm Age /yy)	Gender (M/F) Ht	Wt Occupatio	n Relation Pr	emium Nomir	ee Relatio
	(199)					
7) Period of Insurance: From D D M M	Ι Υ Υ Υ Υ	To D D M I	A Y Y Y Y			
 Do you smoke cigarettes or consume tobace Please give duration and daily consumption 	co (chewing paste) / a	alcohol, nicotine or r	narijuana in any form	?		Yes N
 9) Has any of the persons to be insured suffer f Disorder of the heart, or circulatory system, hepatitis, disorder of urinary tract or kidneys backache, any congenital/ birth defects/ uri 0) Have you or any of your immediate family n Prior to age 60yrs? 	chest pain, high blood , blood disorder, any nary diseases, AIDS or	d pressure, stroke, as mental or psychiatri positive HIV, If yes,	sthma any respiratory c conditions, any dise indicate in the table g	ase of brain or nervous iven below.	system, fits (epiler	

Yes No

0

22) Do you or any of the family members to be covered have/had any health complaints/met with any accident in thepast 4 years and have been taking treatment/hospitalization? (Please provide details in the table given below)	— — .
treatment/ hospitalization? (Please provide details in the table given below)	Yes N

23) 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

24) 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______

25) Details of current health insurance policy / previous health insurance policy / other Insurance like Mediclaim, Cancer Policy, Critical Illness or any other medical insurance policy (Please attach a photocopy)

	e of The nbers			Policy No.			Policy No.				Name and address of Insurance Co.						Fro	of Insurance To yy dd/mm/y			No claim Bonus			Claims Received/ Receivable (Rs.)				Claimed for (Nature of Problems)		
26) Family Docto	26) Family Doctor Details:																													
Name:																														
Qualification:																				Mob	oile									
Address:																														
Reg No:																														

*DECLARATION

- 1. 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 authorised to propose on behalf of these other persons.
- 2. 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.
- 3. 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.
- 4. 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.
- 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.

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBAT	ES									
Proposed Policy Period: From: DD/MM/YYYY , To: DD/MM/YYYY	Date:	D	D	М	М	γ	Y	Y	Y	Signature of Proposer

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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH. * Please read declaration wordings carefully before signing the proposal form.