



## **Relationship Beyond Insurance**

or Office Use Onl	y:	
Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

1100010000					
Emp/LG Code	Loan Account Number	IMD Code	Sub IMD Code	IMD Name	Mobile No.

## **HOSPITAL CASH DAILY ALLOWANCE**

## Instructions For Filling Up The Form:-

- Please answer all questions in BLOCK letters 1.
- 2.
- 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	
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) PAN No. 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	
10) Occupation Business Salaried Professional Student House Wife Retired Others	
11 a) Permanent / Residential Address 11 b) Correspondence Address: (All the communications will be sent to the below	ow address)
House No.         House No.         House No.         Name         Name </td <td></td>	
Landmark/ Locality Locality Locality	
City/District	
State   Pin Code   State   Pin Code   Pin Co	
Tel. Tel.(Res.)	
Mobile Tel.(Office)	
Email Mobile Number	
E-Mail	
12) Educational Qualification: Matriculate Under Graduate Graduate Post Graduate Professional	v 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	y Quamica
14) In case of any Offer, you would prefer to be contacted by: Phone Email 15)Nationality	
16) Details of the persons to be insured	
Sr Name DOB (dd/mm Age (M/F) Ht Wt Occupation Relation Monthly Premium Nomin	nee Relationship
No Name (da/min /yy) / Ge (M/F) / Ht Wt Seedadon Relation Monthly Income 30/60 2000/2000/2000/2000/2000/2000/2000/	of Nominee
days 2000 /2500 Rs. per day	
17) Period of Insurance: From   D   D   M   M   Y   Y   Y   To   D   D   M   M   Y   Y   Y   Y	
	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, diabe	
hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipp backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV, If yes, indicate in the table given below.	ped disc, Yes 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?  If yes please provide details	Yes No

21) Please confirm, if any of the p	arcan to be incured is	pregnant (For Females (	nly)If yes please	state how many months	2		
21) Please commit, it any of the p	erson to be insured is p	pregnant (roi remaies o	rily)ii yes, piease	state now many months	· f		Yes No
22) Do you or any of the family m treatment/ hospitalization? (				n any accident in thepas	t 4 years and hav	ve been taking	Yes No
23) Illness/injury details of the pa	st 4years and prior to 4	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, critica details	l illness or health relate	ed insurance on your life o	or lives ever been p	oostponed, declined or ac —	ccepted on speci	alterms? If ye	s, give
25) Family Doctor Details:							
Name:							
Qualification:				Mob	ile		
Address:							
Reg No:							
*DECLARATION							
<ol> <li>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.</li> <li>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.</li> <li>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.</li> <li>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</li> </ol>							
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.							
Proposed Policy Period: From: DD	/MM/YYYY , To: DD/MN	M/YYYY Date: D D	M M Y	/ Y Y	Sigr	nature of Prop	oser

## 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 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.