BBAJ

Relationship	Beyond	Insurance	

			For Office Use (Only:	
BAJAJ Allianz (1) Relationship Beyond Insurance		Scrutiny No	. Receipt No.	Policy No.	
	DECONTRACTO		For Agent Use) nlv	
	PF000735601 Emp/LG Code Loan Acco		Sub IMD Code	IMD Name	Mobile No.
	Numbe	er IND Code			MODILE NO.
PF	EMIUM PERSONAL GUA	RD POLICY PROPOS	SAL FORM		
 Instructions For Filling Up The Form:- Please answer all questions in BLOCK lette 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 Proposal has bee equent policy that we issue to you.	It is therefore essential that y	ou provide all the info	ormation in this Pro	
Proposer Details					
1) Full Name: Title		First Name			
Middle Name		Surname			
2) Are you an existing Bajaj Allianz Customer: Ye	es / No If yes, please mention the Po	olicy No: OG			
3) Gender: Male Female Other	4) Date of Birth D D M	M Y Y Y Y	5) PAN No.		
) UID/Unique ID:	7) Bajaj A	Allianz Employee Code, if Pro	ooser is BAGIC/BALIC	Employee	
) Marital Status: Married Single	Divorced Widowed 9)	No. of Children Sons	Daughters		
0) Occupation Business Salaried	Professional Student	House Wife Retired	Others		
11 a) Permanent / Residential Address		11 b) Correspondence A	ddress: (All the commu	nications will be sent to	o the below addre
louse No. House No.		House No.	House		
.andmark/		Landmark/			
Road/ Area Name		Road/ Area Name			
City/District		City/District			
State	Pin Code	State		Pin Code	
Fel.		Tel.(Res.)			
Mobile		Tel.(Office)			
		Mobile Number			
		E-Mail			
2) Educational Qualification: Matriculate	Under Graduate	Graduate	Post Gradua	ate Profe	ssionally Quali
		Graduate			ssionally Quali
3) Family Monthly Income: Up to Rs. 20,0	000 Rs. 20,001 to Rs. 50,00	Graduate			ssionally Quali
 3) Family Monthly Income: Up to Rs. 20,6 4) In case of any Offer, you would prefer to be c 16). Please tick the plan you have opted for und Plan A 10Lac Plan B 15 Lac 	000 Rs. 20,001 to Rs. 50,00	Graduate Graduate Rs. 50,001 to Rs. 1 il 15)Nationality			ssionally Quali
 3) Family Monthly Income: Up to Rs. 20,6 4) In case of any Offer, you would prefer to be constructed for und please tick the plan you have opted for und plan A 10Lac Plan B 15 Lac Add on Covers: 	000 Rs. 20,001 to Rs. 50,00 ontacted by: Phone Ema er. Plan C 20Lac Plan D 25 L	Graduate Graduate Rs. 50,001 to Rs. 1 il 15)Nationality			ssionally Quali
3) Family Monthly Income: Up to Rs. 20,6 4) In case of any Offer, you would prefer to be c 16). Please tick the plan you have opted for und Plan A 10Lac Plan B 15 Lac Add on Covers: Accidental Hospitalization Benefit and Hosp Additional Members: Spouse	000 Rs. 20,001 to Rs. 50,00 ontacted by: Phone Ema er. Plan C 20Lac Plan D 25 L ital confinement allowance: Children (Please specify the	Graduate Graduate	akh Above Rs. 1		ssionally Quali
 3) Family Monthly Income: Up to Rs. 20,6 4) In case of any Offer, you would prefer to be c 6). Please tick the plan you have opted for und Plan A 10Lac Plan B 15 Lac Add on Covers: Accidental Hospitalization Benefit and Hosp 	000 Rs. 20,001 to Rs. 50,00 ontacted by: Phone Ema er. Plan C 20Lac Plan D 25 L ital confinement allowance: Children (Please specify the	Graduate Graduate	akh Above Rs. 1		ssionally Qual

Sr No	Name	DOB (dd/mm /yy)	Age	Gender (M/F)	Occupation	Any Existing disability / infirmity	Total Monthly Income	Premium

17) Period of Insurance: From

18) Has any proposal for personal accident on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details

Nominee details									
Name	Nominee*	Name of Nominee	DOB/Age	Relation*	% of Sum Insured				
	Nominee 1								
Self	Nominee 2								
	Nominee 3								
	Nominee 4								

*Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others" If Nominee is "Others" please specify ------- (For members other than Self 100 % Nomination to the Proposer only)

*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.
- 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 3. 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 4. 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 5 proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Proposed Policy Period: From: $\mbox{DD}/\mbox{MM}/\mbox{YYYY}$, To: $\mbox{DD}/\mbox{MM}/\mbox{YYYY}$	Date:	D	D	Μ	Μ	Y	γ	γ	Y	

Signature of Proposer

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.