BAJAJ Allianz 🕪 🛔

State Tel.

Mobile Email

Sr

No

12) Educational Qualification:

13) Family Monthly Income:

16) Details of the persons to be insured

Name

City/District

BAJAJ Allianz Relationship Beyond Insu	rance PF000735			For Office U Scrutiny For Agent U	No. Receipt	No. Policy No.
	mn/ICCode	a Account umber IME	Code Sub	IMD Code	IMD Name	Mobile No.
	SILVER HEA	LTH PROPOSA	L FORM			
 Instructions For Filling Up The Form:- Please answer all guestions in BLOCK letters 						
 The Liability of the Company does not comm This Proposal will be the basis of any subsequ ACCURATELY and that you provide us with ar upon which it should be accepted 	ent policy that we issue to	you. It is therefore e	ssential that you p	ovide all the i	information in th	
Proposer Details						
1) Full Name: Title Middle Name		First Name Surname				
2) Are you an existing Bajaj Allianz Customer: Yes /	No If yes, please mention t	he Policy No: OG				
3) Gender: Male Female Other	4) Date of Birth	M M Y Y	үү 5)	PAN No.		
6) UID/Unique ID:	7) E	Bajaj Allianz Employe	e Code, if Proposer	is BAGIC/BAL	IC Employee	
8) Marital Status: Married Single Div	vorced Widowed	9) No. of Children	Sons	Daughters		
10) Occupation Business Salaried	Professional Student	t 🔄 House Wife	Retired	Others		
11 a) Permanent / Residential Address		11 b) Corre	spondence Addre	SS: (All the com	munications will be	sent to the below address
House No. House Name Name Name Name Name Name Name Nam		House No. Landmark/ Locality Road/ Area Name		Hou Nar		

City/District

State

Tel.(Res.) Tel.(Office)

E-Mail

Under Graduate

Phone

Gender

(M/F)

Age

Rs. 20,001 to Rs. 50,000

Ηt Wt

Email

Mobile Number

15)Nationality

Occupation

Graduate

Rs. 50,001 to Rs. 1 lakh

Relation

17) Period of Insurance: From	D	D	М	М	Y	Y	Y	Y	То	D	D	М	М	Y	Y	Y	Y	
18) Co-Payment (Waiver for non-network Hospitals) Yes No																		
19) Do you smoke cigarettes or	cons	ume	toba	ассо	(che	wine	q pas	ste)/	alcol	hol, r	nicoti	ne o	r ma	rijua	na ir	any	form	?

Pin Code

Matriculate

14) In case of any Offer, you would prefer to be contacted by:

Up to Rs. 20,000

DOB

(dd/mm

/yy)

	Yes		No
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Professionally Qualified

Nominee

Relationship

of Nominee

Pin Code

Premium

Post Graduate

Sum

Insured

Above Rs. 1 lakh

Please give duration and daily consumption 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

21) 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

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)

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
31.110	Name of the person	past 4 years	ireatment details	liealeu	(prior to 4 years)	uetalis	liealeu	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) Family Docto	or Det	ails:																		
Name:																				
Qualification:													Mo	bile						
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									Signature of Proposer
Proposed Policy Period: From: DD/MM/YYYY, To: DD/MM/YYYY	Date:	D	M	М	Y	Y	Y	Y	Cianature of Droppoor

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.

> Bajaj Allianz General Insurance Co. Ltd | G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113. Website: www.bajajallianz.com | Call: 1800-209-0144/1800-209-5858 | CIN: U66010PN2000PLC015329 | E-mail: customercare@bajajallianz.co.in

Yes No