Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329 | UIN: IRDA/NL-HLT/BAGI/P-H/V.I/150/13-14

For more details, log on to: www.bajajallianz.com or

call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)



For Office Use Only:			For Agent Use Only:					
Scrutiny No.	Receipt No.	Policy No.	Intermediary Name	Intermediary Code				
STAR PACKAGE PROPOSAL FORM								

INSTRUCTIONS FOR FILLING UP THE FORM:-

Please answer all questions in BLOCK letters

Public liability

- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
- 2. 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

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 upon which it should be accepted									
Proposer Details									
1) Full Name:	Title	First N	ame						
Middle Name		Surnai	me						
2) Are you an	existing Bajaj Allianz Customer: Yes / No If yes, please	mention the Policy No: OC	j						
3) Gender:	Male Female Other 4) Date of Birt	h D D M M Y	y	PAN No.					
6) UID/Aadha			olovee Code if Proposer i	is BAGIC/BALIC Employe					
6) UID/Aadhaar no. 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee									
8) Marital Sta		owed 9) No. of Child		Daughters					
10) Occupation	n Business Salaried Professional	Student House V	Vife Retired	Others					
11 a) Permar	ent / Residential Address	11 b) C	orrespondence Addres	•	vill be sent to the below address)				
House No.	House Name	House	No.	House Name					
Landmark/ Locality		Landm Localit							
Road/		Road/							
Area Name City/District		Area N							
State		State		Pin Code	 p				
Tel.		Tel.(Of	fice)						
Mobile		 	Number						
			Number						
	Email 13) Educational Qualifications Matriculate 14) Educational Qualifications Matriculate 15) Educational Qualifications Matriculate 16) Educational Qualifications Matriculate 17) Educational Qualifications Matriculate 18) Educational Qualifications Matriculate 19) Educational Qualification Matriculate 19) Educational Qualification Matriculate 19) Educational Qualification Matriculate 19) Educational Qualification Matriculate 19) Education Matriculate 19) Education Matriculate 19) Educa								
12) Educational Qualification: Matriculate Under Graduate Graduate Post Graduate Professionally Qualified 13) Family Monthly Income: Up to Rs. 20,000 Rs. 20,000 Rs. 50,000 Rs. 50,001 to Rs. 1 lakh Above Rs. 1 lakh									
14) In case of any Offer, you would prefer to be contacted by: Phone Email 15) Nationality									
16) Policy Period: 1 year 2 year 3 year									
17) Plan Deta									
•	e sections to be opted								
a) HEALTH GL	ARD SECTION								
i) Plan Silver Gold									
ii) Policy T	pe Individual Floater								
iii) Sum In	sured options								
Health Guard –Silver									
Health Guard –Gold ₹ 3,00,000 ₹ 4,00,000 ₹ 5,00,000 ₹ 7,50,000 ₹ 10,00,000 ₹ 15,00,000 ₹ 20,00,000									
☐ ₹ 25,00,000 ☐ ₹ 30,00,000 ☐ ₹ 35,00,000 ☐ ₹ 40,00,000 ☐ ₹ 45,00,000 ☐ ₹ 50,00,000									
iv) Voluntary co pay 20%									
v) Premium Payment Zones Zone A Zone B									
b) Please encircle the cover to be opted									
Section	Products	Plan A	Plan B	Plan C	Plan D				
1	Hospital Cash	500	1000	2000	2500				
2	Critical Illness	100000	150000	200000	300000				
3	Personal Accident	200000	300000	400000	500000				
4	Education Grant	200000	300000	400000	500000				
5	Householders contents	100000	200000	300000	400000				
6	Traveling Baggage	10000	20000	30000	40000				

200000

300000

400000

500000

c) Total no of sections opted for d) Critical Illness: Please indicate if you want option for family floater Yes No Self + Spouse Self + Spouse + 1 Child Self + Spouse + 2 Children Self + Spouse + 3 Children Self + Spouse + 4 Children e) Householders contents (First Loss) Fire perils including earthquake and burglary. Any valuable with value more than 5% of SI under this section to be specifically declared along with value with value otherwise will be excluded												
18) De	tails of the persons to be insure	ed										
Membe	r Details	Relationship with Proposer	DOB (dd/mm /yy)	Age	Gender (M/F)	Ht	Wt	Occupation	1	Monthly come	Nominee	Nominee Relationship with Insured
10) Dori	od of Insurance: From			To D				v I v I				
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												
	you or any of the family member oitalization? (Please provide det			health	complaint	s/met	with any	accident in the	past 4 ye	ears and ha	ve been takin	g treatment/
		lais in the table gr		of the II	Iness /inju	rv suff	ered /			Date firs	Current	Status of the Illness/
Sr. No	No Name of the person			suffering in the past 4 years				Treatment de	Treatment details treated		Diseases/Injury	
									-			
22) Has	any proposal for life, critical illno	ess or health relate	d insurance	on voi	ır life or liv	es eve	r been no	stponed declin	ed or acc	cented on	special terms?	If ves. give details
	any proposanton mey entite anima											
Declara	ntion*											
 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. 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. Date//												
Place:Signature/ Thumb Impression of the Proposer Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed												
contract** Date /												
Place:*Place read declaration wordings carefully before signing the proposal form												
**This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.												
	Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (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 prope accept a	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 punishable with fine which may extend to rupees ten lakh.											

ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mr:

sum of Rs. ____through Cash# / Cheque / DD / Credit Card / Debit Card No. ____against your proposal for Health Policy.

Signature of Bajaj Allianz Official / Intermediary: ____Date: ___Time: __Place:

Bajaj Allianz Official / Intermediary Name:

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