Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

CIN: U66010PN2000PLC015329 | UIN: BAJHLIP20147V021920

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

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





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For Office Use Only:			For Agent Use Only :							
Scrutiny No. Receipt No. Policy No.		Loan Account Number	Emp/LG Code	IMD Code	Sub IMD Code	IMD Name	Mobile No.			

EXTRA CARE PLUS: Proposal Form

 Please answer a The Liability of t This Proposal w 	ng Up The Form:- Ill questions in BLOCK letters he Company does not comn ill be the basis of any subseq nd that you provide the Com be accepted.	nence until this uent policy that	t the Company i	ssues to you. It is	therefor	e essential t	hat you prov	vide all the in	nformation in this Proposa acceptance of the risk or	FULLY AND the terms upon		
Proposer Details												
 Full Name: Middle Name Is your name n 	Title L L L L L L L L L L L L L L L L L L L	ur Aadhaar Ca	_ rd? : □ YES □ N	Surna		the Name	as per Aad	 haar Card_				
2. Are you an exis	e you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG											
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15. Policy Period:	□ 1 year □ 2 year	- □ 3 year										
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21.	Disorder of the hear urinary tract or kidned defects/ urinary dise Do you or any of the	t, or circulatory system, eys, blood disorder, any ases, AIDS or positive HI family members to be	chest pain, h mental or psy V. covered have	ychiatric conditions, any e/had any health compla	te, asthma a disease of b ints/met w	any respiratory conditions, cancer tur orain or nervous system, fits (epilepsy ith any accident in the past 4 years a or (Please provide details in the table	r) slipped disc, backa nd prior to 4 years ar	che, any congenital/ birth ☐ YES ☐ NO		
	If the reply is YES for question 21 and 22, please sh			ne Illness/injury suffered	1	Treatment details	Date first treated	Current Status		
				fering in the past				of the Illness/Diseases/Injury		
23.	, ,	mediate family membe		other, brother or sister) h	nave/ had d	iabetes, hypertension, cancer, heart a	ttack, or stroke and	at What age? YES NO		
	Member I		yeurs.	Relationship with Pro	nnoser	Disease Name	2	At what Age illness suffered		
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24	Payment Details:	□ Cash □ Cheq	ue 🗆 DI	D Credit Card	□ Debit	Card				
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Decla	aration*									
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*Pleas	Place: *Please 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.							Signature (On behalf of Proposer)		
	. ,			Laws Amendment Act		3 1 1 1				
or pro accep	operty in India, any rel pt any rebate, except s	oate of the whole or part	of the comr lowed in acc	mission payable or any re ordance with the publish	bate of the	to take out or renew or continue an ir premium shown on the policy, nor s ctus or tables of the insurer. Any pers	hall any person takir	ig out or renewing a policy		