Bajaj Allianz General Insurance Co. Ltd.

Bajaj Ällianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329 | UIN: IRDA/NL-HLT/BAGI/P-H/V.I/111/13-14 Caringly yours

BBAJAJ Allianz (11)

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

EXTRA CARE PROPOSAL FORM

First Name

Instructions For Filling Up The Form:-

Proposer Details

1) Full Name: Title

- Please answer all questions in BLOCK letters
- 2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
- 3. 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

Middle Name	Surname								
Is your name mentioned above as per your Aadha	ar Card? : \square YES \square NO If No, Please mention the Name	as per Aadhaar Card							
2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG									
3) Gender: Male Female Other 4)	3) Gender: Male Female Other 4) Date of Birth D D M M Y Y Y S) PAN No								
6) UID/Aadhaar no.: 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 address)									
House No. House Name	House No.	House Name							
Landmark/	Landmark/ Locality								
Road/ Area Name	Road/ Area Name								
City/District									
State Pin Cod	e State	Pin Code Pin Code							
Tel.	Tel.(Office)								
Mobile	Mobile Number								
Email	E-Mail								
12) Educational Qualification: Matriculate	Under Graduate Graduate	Post Graduate Professionally Qualified							
13) Family Monthly Income: Up to Rs. 20,000	Rs. 20,001 to Rs. 50,000 Rs. 50,001 to Rs. 1 lak	h Above Rs. 1 lakh							
14) In case of any Offer, you would prefer to be contacted	ed by Phone Email 15)Nationality								
16) Policy Period: 1 year 2 years 3 years	December 1: Found of installment was not read a	Overteele Helf Veerled							
18) Please select the sum insured option and deductib	Payment (if opted installment payment mode	y 🗆 Quarterly 🗀 Hall fearly)							
Plan Name	Sum Insured	Aggregate Deductible options							
A	1,000,000	300,000							
В	1,200,000	400,000							
С	1,500,000	500,000							
19) DETAILS OF PERSONS TO BE INSURED									
Member Name	Relationship Date of Birth Age Gender	Height Weight Nominee Nominee							
	with DD/MM/YYYY (M/F)	(cms) (kgs) Relationship with Insured							
		with histieu							

Bajaj Allianz General Insurance Co. Ltd.

ACKNOWLEDGEMENT: Received from Ms. / Mrs. / Mr:



_against your proposal for Health Policy.

21)	Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption?									
	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									
22)	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.									
23)	Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and prior to 4 years and have been taking treatment, regular medication (self/ prescribed)or planned for any treatment / surgery / hospitalization? (Please provide details in the table given below)									
	If the reply is YES for question 22 and 23 please share details in below table									
	Member Name	Name of the Illness/injury suffered /suffering in the past	Treatment	details	Date first treated	1	Current Status of the Illness/Diseases/Injury			
24)	, ,	te family members (father, mother,	brother or sister)	have/ had diabet	es, hypertension, cancer	, heart at	tack, or stroke and at what age? □ YES □ NO			
	If yes, was it before age 60 Member Name	years or after 60 years? Relationship with	Proposer	Nise	ase Name	Δ+	what Age illness suffered			
	Welliser Name	Relationship with	Торозет	<i>D</i> 130	ase realife	At	what Age limess surfered			
25)	Payment Details ☐ Cash ☐ C	Cheque □ DD □ Credit Card □ Debit	t Card							
	Amount	Transaction No.	Transactio	ion Date Bank Name		Branch				
Dec	laration*									
1	I hereby declare on my be	ehalf and on behalf of all persons	proposed to be in	isured that the a	shove statements, answe	rs and/o	r particulars given by me are			
1. 2.	true and complete in all re	ehalf and on behalf of all persons espects to the best of my knowledge rmation provided by me will form th	and that I am autl	norised to propose	on behalf of these other	persons.				
1. 2. 3.	true and complete in all re I understand that the infor that the policy will come in		and that I am auth ne basis of the insu e premium chargeal	norised to propose rance policy, is su ble.	on behalf of these other bject to the Board appro	persons. ved unde	rwriting policy of the insurer and			
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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

_through Cash# / Cheque / DD / Credit Card / Debit Card No.