Caringly yours

BAJAJ | Allianz

DIGITAL CUSTOMER FORM

Bajaj Allianz General Insurance Co. Ltd
G.E. Plaza, Airport Road, Yerawada,Pune - 411006.

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

EXTRA CARE PLUS

Proposer Details

1. Full Name: Title* MR First Name* PRAMOD
   Middle Name K Surname* DESAI

2. Are you an existing Bajaj Allianz Customer: Y es / No If yes, please mention the Policy No: OG

3. Gender:* ☑ Male ☐ Female ☐ Other 4. Date of Birth* 05/06/1960 dd/mm/yyyy

5. PAN 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

11a) Permanent / Residential Address :*

House No & Name B-905/906 PRIME ARCADE

Landmark/Locality ANAND MAHAL ROAD

Road/Area Name ADAJAN City SURAT

State GUJARAT Pin Code 395009

Telephone (Res.) Telephone (Office)

Mobile Number 9909252919 E-Mail

11b) Correspondence Address : (All the communications will be sent to the below address) Same as Above ☑

House No & Name B-905/906 PRIME ARCADE

Landmark/Locality ANAND MAHAL ROAD

Road/Area Name ADAJAN City SURAT

State GUJARAT Pin Code 395009

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 lakh ☐ Above Rs. 1 lakh

14. In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email

15. Nationality* INDIAN

15 Please select the Sum Insured option, Deductible & Air ambulance option in the below table

Sum Insured*	Aggregate Deductible Options*				Air Ambulance Cover Sum Insured (in INR) (Optional)
☐ 300000	☐ 200000	-	-	-	☐ 200000
☐ 500000	☐ 200000	☐ 300000	-	-	☐ 500000
☐ 1000000	☐ 200000	☐ 300000	☐ 500000	-	☐ 500000
☐ 1500000	-	☐ 300000	☐ 500000	-	☐ 1000000
☑ 2000000	-	☑ 300000	☐ 500000	☐ 1000000	☐ 1000000
☐ 2500000	-	☐ 300000	☐ 500000	☐ 1000000	☐ 1000000
☐ 5000000	-	☐ 300000	☐ 500000	☐ 1000000	☐ 1000000

16. DETAILS OF PERSONS TO BE INSURED

Member Details	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Gender (M/ F)	Height (cms)	Weight (Kgs)	Nominee	Nominee Relationship with Insured
PRAMOD K DESAI	SELF	05/06/1960	60				KAMINI DESAI	SPOUSE
KAMINI P DESAI	SPOUSE	03/12/1963	56				PRAMOD DESA	SPOUSE

17. MEDICAL AND LIFE STYLE INFORMATION

Medical History: Please answer the below mentioned questions individually in Yes(Y) / No (N):

Section A : In respect of any of the persons proposed to be insured:

Has any application for life, health, hospital daily cash or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?

If yes please provide details ☐ YES ☐ NO

Sr. No	Name of Insured	Details of Proposal
1		
2		
3		
4		
5		
6		

Section B: Has any of the person proposed to be insured ever suffered from/ are currently suffering from any of the following :

	Questions	Yes / No
1	High or low blood pressure, Hypertension, Chest Pain, or any other cardiac disorder?	
2	Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder	
3	Ulcer(Stomach/Duodenal),liver or gall bladder disorder or any other digestive tract disorder?	
4	Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/ urinary tract disorder	
5	Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc) disorder	
6	Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder?	
7	Tumor (Swelling)-benign or malignant, any external ulcer/growth/cyst/mass anywhere in the body?	
8	Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	
9	Diseases of the Ear/Nose/Throat/Teeth/ Eye (please mention Dioptres in case of refractory error) ?	
10	HIV/AIDS or sexually transmitted diseases or any immune system disorder	
11	Anaemia, Leukaemia, Lymphoma or any other blood/lymphatic system disorder	
12	Psychiatric/Mental illnesses or sleep disorder	
13	Uterine Fibroid, Fibroadenoma breast or any other Gynaecological (Female reproductive system)/Breast disorder?	
14	Any other illness or injury not mentioned above?	

Section C: Has any of the persons proposed to be insured:

	Questions	Yes / No
1	Been addicted to alcohol, narcotics, and habit forming drugs or been under detoxication therapy?	
2	Been under any regular medication (self/ prescribed)?	
3	Undertaken any lab/blood tests, imaging tests viz. scans/MRI other than routine health check-up or pre-employment check-up?	
4	Undertaken any surgery or a surgery been advised and have surgery still pending?	

Section D -Name and details of Illness/ Medicine/Test/ Surgery/ (for questions answered as Yes in Section B & C above)	Exact Diagnosis	Diagnosis Date	Date of last consultation	Treatment In/Outpatient and details of treatment given	Doctor/Hospital Name & Phone No.
Insured Person 1					
Insured Person 2					
Insured Person 3					
Insured Person 4					
Insured Person 5					
Insured Person 6					

Section E: : Does any person proposed to be insured smoke or consume gutkha/pan masala or alcohol. ☐ YES ☐ NO

If yes please provide the details and quantity per week _____

18. Payment Details Mode of payment: ☐ Cash/ ☐ Debit Card/ ☐ Credit Card/ ☐ Others

Instrument No.	Name of the Premium Payer	Relationship of Payer with Proposer	Bank Details	IFSC Code	Account No	Amount (in Rs.)

Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Bajaj Allianz General Insurance Company Limited'

19. In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email

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