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.

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

Proposer Details

1. Full Name: Title* First Name*
   Middle Name Surname*
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* 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
Landmark/Locality
Road/Area Name City
State Pin Code
Telephone (Res.) Telephone (Office)
Mobile Number E-Mail

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

House No & Name
Landmark/Locality
Road/Area Name City
State Pin Code

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* 16. Policy Period:* 1 year 2 year 3 year

Details of persons to be insured

Member Details *	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Gender (M/ F)	Gross Monthly Income	Nominee	Nominee Relationship with Insured

Base Cover Details

It is mandatory to opt for at least one of the Sections (Section I – Death, Section II- Permanent Total Disability, and Section III- Permanent Partial Disability)

Member Details	Occupation	Any Existing Disability/ Infirmity	DEATH	PERMANENT TOTAL DISABILITY	PERMANENT PARTIAL DISABILITY
			Sum Insured	Sum Insured	Sum Insured

Optional Cover Details

You may opt for the following Optional Covers on payment of additional premium.

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit*		Air Ambulance Cover	Children's Education Benefit**	Coma Due to Accidental Bodily Injury	EMI Payment Cover***
	Sum Insured	Death Sum Insured	PTD Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit*****
	Sum Insured	Per Day Benefit	Sum Insured	Weekly Benefit Amount	Sum Insured ₹25,000	Sum Insured ₹25,000

Loan Account Details (Please fill in details in case of Loan protector cover and EMI Payment cover):-

Bank Name: _____ Address _____

Type of Loan: _____ Loan Account Number: _____

Sanctioned Loan Amount: _____ Loan Period _____ EMI (Rs.) _____

Note:

- *"Adventure Sports Benefit" can be opted only if the Proposer has opted for Section I – Death Cover AND/ OR Section II: Permanent Total Disability
- **"Children's Education Benefit" can be opted only if the Proposer has opted for Section I – Death Cover AND/OR Section II – Permanent Total Disability
- ***"EMI Payment Cover" can be opted only if the Proposer has opted for Section 3 – Permanent P artial Disability (Loan Sanction Letter to be submitted mandatorily.)
- ****"Loan Protector Cover" can be opted only if the Proposer has opted for Section 1 – Death AND/OR Section II Permanent Total Disability (Loan Sanction Letter to be submitted mandatorily.)
- *****"Travel Expenses Benefit" can be opted only if the Proposer has opted for Accidental Hospitalization under optional cover's

EXISTING INSURANCE DETAILS

Are the persons insured under the policy , already insured under any similar kind of cover? ☐ Yes ☐ No

Coverage	Name and Address of Insurance Company	Policy Number	Sum Insured	Period of Insurance
				From: DD/MM/YYYY , To: DD/MM/YYYY
				From: DD/MM/YYYY , To: DD/MM/YYYY

* These fields are mandatory, please fill all the required details

Save