BAJAJ | Allianz
Relationship Beyond Insurance

Bajaj Allianz General Insurance Co. Ltd
G.E. Plaza, Airport Road, Yerawada,Pune - 411006.
IRDA Reg No.: 113 | CIN: U66010PN2000PLC015329 | UIN: IRDAI/HLT/BAGI/P-H/V.I/50/2016-2017

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

Instructions For Filling Up The Form:-

1. 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 the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

Proposer Details

1. Full Name: Title | First Name
   Middle Name | Surname
   Is your name mentioned above as per your Aadhaar Card? : ☐YES ☐NO If No, Please mention the Name as per Aadhaar Card_____
2. Are you an existing Bajaj Allianz Customer: Y es / No If yes, please mention the Policy No: OG_____
3. Gender: ☐ Male ☐ F emale ☐ Other
4. Date of Birth (D D M M Y Y Y Y)
5. 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 Correspondence Address: (All the communications will be sent to the below address)

House No. | House Name
Landmark/Locality
Road/Area Name
City/District
State | Pin Code
Mobile | Tel.
Email

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. Nationality

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) ☐
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

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

Declaration*

1. 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.
2. 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.
3. 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.
4. 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.
5. 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 ____ / ____/ _____

Signature/ Thumb Impression of the Proposer

Place :_____

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 ____ / ____/ ____

Signature (On behalf of Proposer)

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.

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 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