DIGITAL CUSTOMER FORM

Caringly yours

BAJAJ | Allianz

Bajaj Allianz General Insurance Co. Ltd.
Regd. & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006.
CIN: U66010PN2000PLC015329

Health Policy Renewal Revision Request

1. Please answer all questions in BLOCK letters & attach the renewal notice along with this form
2. The Liability of the Company does not commence until this form has been accepted by the Company and premium has been paid
3. This change request form 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

existing Policy: **Health Guard** ☐ **Family Floater Health Guard** ☐ **Health ensure** ☐ **silver Health** ☐

Policy number:

Proposer name:

Title | First Name

Middle Name | Surname

Request for change in

1. Sum Insured ☐ 2. Address ☐ 3. Member addition ☐ 4. Member deletion ☐

5. Change in DOB ☐ (Please enclose age proof) 6. Change in Gender ☐ 7. Inclusion of Co-Payment Wavier (For Non Network Hospitals): ☐

new address: Details to be filled if address has to be changed

House Name & No:

Area / Road Name:

Landmark / Locality:

City: State: Pin Code:

Telephone (Res.) E-Mail:

change in sum insured / Gender / DoB / new member addition / Member Deletion : Details to be given in the below table

Sr. No.	Name	DOB (dd/mm/yyyy)	Age	Gender (M/F)	Relation	Occupation	Ht.	Wt.	New Sum Insured	Adverse Health Condition/Illness/ Disease/Deformities

Please provide details in the below table if you have any adverse health condition /illness/Disease/deformity

Sr. No.	Name of the insured	Please specify the illness details with symptoms	Treatment details with treating Doctor details	Outcome of treatment (e.g. Ongoing, complete recovery, recurrent or likely to recur)

Place:

Date: D D M M Y Y Y Y