

Proposal Form Unique Reference Number: BAGIC/ Health/ Group/ 001								
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.

TRAVEL ACE (INTERNATIONAL) : 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.

1. Name of the Proposer (in full)

2. Address

State Pin Code

3. Phone No:

4. Email:

5. Departure Date: Arrival Date:

6. Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:

7. Geographical Location: ☐ Worldwide Including USA/Canada ☐ Worldwide Excluding USA/Canada

8. Plan Opted Individual/Student/ Annual Multi-trip Policy

9. In case of annual multitrIP plan please provide maximum trip duration - ☐ 30 days/ ☐ 60 days/ ☐ 90 days/ ☐ 120 days/ ☐ 180 days

10. If you have any other policy for coverage of International Journey i.e Health/ PA/ Travel etc (if yes please provide details)

11. Choose desired cover and Sum Insured:

Tick if wish to opt Cover	Cover	Sum Insured Opted	Tick if wish to opt Cover	Cover	Sum Insured Opted
	Personal Accident (International)			Personal Liability	
	Lifestyle Modification Benefit #			Loss of Passport and Driving License	
	Child Education Benefit #			Car Hire Excess Insurance	
	Accidental Death & Disability- Common Carrier (AD&D)			Alternative Transport Expenses	
	Personal Accident Cover in India			Legal Expenses	
	Disability Benefit Cover			Pre-Booked Meal Cover	
	Sickness Medical Exigencies			Weather Guarantee	
	Accidental Medical Exigencies			Golfers Hole-in-one	
	Sporting Activities Cover			Bounced Hotel	
	Emergency Dental Pain Relief			Hijack Cover	
	Hospitalization Daily Allowance			Emergency Cash Assistance Service	
	Compassionate Visit			Extended Pet Stay	
	Compassionate Stay			Home Burglary and Robbery Insurance	
	Return of Minor Child			Standard Fire And Special Perils Cover	
	Replacement and Rearrangement of Staff			Cancer Screening and Mammography Cover *	
	Trip and Event Cancellation^			Alcohol and Substance Abuse *	
	Trip Interruption			Maternity and Baby Cover *	
	Missed Connection			Bail Bond Insurance *	
	Trip Extension			Tuition Fees *	
	Ticket Overbooking			Contingency to Sponsor *	
	Loss of Checked-in Baggage			Trip Delay Delight	
	Delay of Checked-in Baggage			All Risk Trip and Event Cancellation^^	
	Loss of Personal Belonging				

Extension 1 for Section 1 hence need to be opted with related sections only * Covers which are available only for the student (Only for Student plan) ^^^ You can choose either of this coverage(s).
You can only choose one from "All risk trip Cancellation" and "trip and event cancellation"

12. Please confirm if you wish to opt for any of waiver: ☐ Waiver for Pre- Existing Illness and Injury Cover ☐ Waiver of Sub-limits

13. Details of Persons to be insured : Kindly give the details of passengers in below table.

Sr. No	Name of Insured/ Family member	Date of Birth	Gender	Passport No.	Medical Declaration (if any)	Nominee
1	<<Member 1>>					
2	<<Member 2>>					
3	<<Member 3>>					
4	<<Member 4>>					

14. Detailed Medical History

Questions	Insured 1	Insured 2	Insured 3	Insured 4
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, any genetic disorder, AIDS or positive HIV				
Alcohol/ smoke/ consume tobacco				
Recreational Drug Use				

Additional information to be completed by the student (Only for Student plan)

Name Of the Student: _____

Date of Birth : _____ Name of the School Overseas: _____

Detailed Address of the School/Telephone no: _____

Course Opted for : _____ Duration of the Course : _____

Number of Semesters : _____ Tuition Fees Per Semester: _____

- Tuitions financed by (Self, parents, borrowing from bank or FI's), please give details _____
- Have you undergone medical examination/fitness test? _____
- Would like to state anything that is not asked which you may want the insurer to know? _____

Payment Details: ☐ Cash / ☐ Cheque

Amount	Cheque No.	Cheque Date	Bank/Name	Branch

Declaration & warranty on Behalf of all Persons Proposed to be insured

I/ We 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/ We am/ are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the Individual Policy/floater Policy, and the proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after Company's full receipt and realization of the premium chargeable.

I/ We further declare that I/ we will notify in writing any change occurring in the occupation or general health of the Insured Person(s) to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. Upon renewal of Policy, I/We agree to abide by the standard Terms and Conditions, unless otherwise mentioned by the Company in renewal Policy Schedule or attachments thereto.

I/ We declare and consent to the company seeking medical information from any doctor or from a hospital/institution who at anytime has attended on the Proposer/Insured Person to be insured or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any reinsurer, Governmental and/or Regulatory authority.

Date ____ / ____ / ____

Place _____

* Signature/ Thumb Impression of the Proposer

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer in the language known to him and that he/they have fully understood the significance of the proposed contract

Date ____ / ____ / ____

Place _____

Signature (On behalf of Proposer)

*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 or if the Prospect/Propose is not knowing English.

INSURANCE ACT 1938 SECTION 41- 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 liable for a penalty which may extend to ten lakh rupees.

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

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.” ☐ Yes / ☐ No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification. ☐ Yes / ☐ No
- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes / ☐ No
- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes / ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App – <http://onelink.to/v9zp7c>, WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS “WORRY” to 575758, Email – bagichelp@bajajallianz.co.in, website – <https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.