BAJAJ | Allianz

Relationship Beyond Insurance

Bajaj Allianz General Insurance Co. Ltd. G.E. Plaza, Airport Road, Yerawada, Pune - 411 006.

For Office Use Only:

Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

Emp/LG Code	Loan Account Number	IMD Code	Sub IMD Code	IMD Name	Mobile No.

SANKAT MOCHAN - PROPOSAL 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 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

Proposer Details

1) Full Name: Title First Name

Middle Name Surname

2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG _____

3) Gender: Male ☐ Female ☐ Other ☐ 4) Date of Birth :

5) PAN No. 6) UID/Unique ID :

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

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

House No & Name

Landmark/Locality

Road/Area Name City

State Pin Code

Telephone (Res.) Telephone (Office)

Mobile Number E-Mail _____ @ _____

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

Insured Details :

PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including proposer)

Sr.	Name	DOB	Age	Gender	Occupation	Gross Monthly Income	Relation with Insured	Opted Plan	Name Illness/ Disease / Disablement/ suffered/suffering from	Duration of Illness/disability

Coverage required(along with Basic/Wider/Comprehensive) -Medical expenses ☐ **Hospital Confinement** ☐

Please refer the table below for details of Plans.

- Self can choose the plan as per the requirement and commensuration of income · Spouse can be covered under Plan 1-5
- Children can be covered under plan 1-3 only, comprehensive cover not available for children
- Renewal members of age 66 years and above, will be offered to get covered under Plan 1-3. Lifetime renewal benefit would be extended under these plans.

SANKAT MOCHAN PLANS

Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Basic	200000	100000	0	0	0	0	0	0
Wider	0	0	100000	0	200000	0	0	300000
Comp	0	0	0	100000	0	200000	200000	0
Acc Hosp.	100000	50000	50000	50000	100000	100000	100000	100000
Acc Hosp Cash	0	1000	1000	1000	1000	0	1000	0
Final Premium Risk class 1	240	470	525	575	650	450	750	450
Final Premium Risk class 2	270	485	550	625	700	550	850	525

Plans	Plan 9	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 15	Plan 16
Basic	0	0	0	0	0	0	0	200000
Wider	300000	0	0	0	0	0	0	200000
Comp	0	300000	300000	500000	500000	500000	500000	200000
Acc Hosp.	100000	100000	100000	100000	100000	200000	200000	200000
Acc Hosp Cash	1000	0	1000	0	1000	0	1000	1000
Final Premium Risk class 1	750	600	900	900	1200	1050	1350	1190
Final Premium Risk class 2	825	750	1050	1150	1450	1300	1600	1370

16. Has any company declined to issue/ r e new a policy for any of the persons proposed for Insurance? ☐ Yes / ☐ No
If yes give details:_____

17. Are you covered under any other Personal Accident Policy? ☐ Yes / ☐ No
If yes please provide the policy and claim details _____

Nominee details

18.

Name	Nominee*	Name of Nominee	DOB/Age	Relation*	% of Sum Insured
Self	Nominee 1				
	Nominee 2				
	Nominee 3				
	Nominee 4				

*Nominee for self has to be one of the below mentioned relations. "Father, Mother, Son, Daughter, Spouse & Others"
If Nominee is "Others" please specify ----------.(For members other than Self 100 % Nomination to the Proposer only)

19. Do you have a vehicle: ☐ Yes / ☐ No if yes vehicle make _____ Model _____ Year & month of purchase

20. Policy period: From ☐☐☐☐☐☐☐☐ To ☐☐☐☐☐☐☐☐

**Declaration:

☐ "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 insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt 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 life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

☐ I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer 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 Governmental and/or Regulatory authority."

☐ I/We have read and understood the Privacy Policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.

Date :_____

Place :_____

Signature of Proposer

Name and Designation:_____

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 or continuing 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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES. **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*****

Place: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date: ☐☐ ☐☐ ☐☐☐☐

Signature (on behalf of Proposer)

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*** This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.
**Please read declaration wordings carefully before signing the proposal form.

PORTABILITY FORM

PART I

1) Name of the Policyholder / insured (s)_____

2) Date of Birth / Age _____

3) Address of policyholder /insured _____

4) Details of existing insurer

i. Name of the product_____

ii. Sum Insured_____

iii. Cumulative Bonus_____

iv. Add ons/Riders taken_____

v. Policy Number_____

5) Details of the proposed insurance

i. Name of the product proposed/intended to take_____

ii. Sum insured proposed_____

iii. Whether Cumulative Bonus to be converted to an enhanced sum insured_____

6) Reason (s) of portability_____

7) No of family member to be included in the policy to be ported _____

First Name of Insured	Details of Previous Health Insurance Policy / Policy No.	Health ID Card number	Sum Insured	CB	Period of Insurance		First Policy inception date
					From dd/mm/yyyy	To dd/mm/yyyy	

Enclosure: Photocopy of the existing policy documents

Date | D | D | M | M | Y | Y | Y | Y |

Signature of Proposer

PART II

1. Whether the PED exclusions / time bound exclusion have longer exclusion period than existing policy (Please indicate Yes /No) ☐ Yes / ☐ No

2. If yes , please give written consent to the declaration below:

"I am aware that the waiting period for the following disease (s)/ treatment (s) is .....days/years more than the previous policy terms, I hereby agree to observe the additional waiting period for the following diseases (s)/ treatments (s)

Signature of Policyholder