

GROUP TERM LIFE NEW

Master Policy Holder Name:

INDIA INFOLINE FINANCE LIMITED

Master Policy No.

0343971196

Scheme name

GTLN

Agent's Details(For office use only)

Application No.

6099994614

Others

STM/FSC/IC Name

Receipt No.

0884034768

Sector

☒ Urban ☐ Rural

Banks

Bank Ref. Code

Branch

STM/FSC/IC Code

Door No

Personal Details(To be Filled by Member)

Title Mr./Mrs./Ms./Dr.First

Mr Hanspal

MiddleName

LastName

Kumar

Date of Birth

05-MAY-74

Sex

☒ Male ☐ Female

Nationality

Age

0

Place of Birth

Age Proof

Preferred Language

I am a

☐ New Customer ☒ Existing Customer

Annual Income

Occupation

Exact Designation

Current Mailing Address

Door No

S/O:AFLATUN,180,VILLAGE-KHURDA,

Building Name

BIR BANGRAN,KAITHAL,BIR BANGRAN,

Plot No

HARYANA,136044

Street Name

Landmark

Area Place

City/District

Kaithal

State

HARYANA

Pincode

136044

Tel

Mobile

9416395963

Email

If the Nominee is minor, an appointee who is a major shall sign the Application form below and shall identify the relationship with the Nominee.

Nominee Details (Under Section 39 of Insurance Act 1938)

	Nominee 1	Nominee 2	Nominee 3
Name and Surname	Bajinder		
Place of Birth			
Date of Birth			
Relationship to Member	Son		
% Share of Nomination			

Appointee details (If nominee is a minor)

Name and Surname	Place of Birth	Date of Birth	Relationship to Member

I accept the appointment herein made

Signature

Place

Coverage Information Collection Details

Premium (in ₹)	2978	<input checked="" type="checkbox"/> BG	<input type="checkbox"/> GDC	<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> Cash	<input type="checkbox"/> ECS	<input type="checkbox"/> Direct Debit
Premium Paying Term	01	Bank Details					
Date of deposit of Premium	12-JAN-2021	MICR Code					
Premium Type	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Regular	IFSC Code					
Membership Term	1	A/C No.	GL16750576				
Premium Frequency(In case of Regular)		A/C Type					
Sum Assured	500001	Cheque/DD No.					
1. Accelerated Critical Illness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IT Assesse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2. Accidental Permanent Total Disability Benefit cover	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pan No.	BHJPP5940F				

To be filled by Master Policy Holder

MPH Branch Name	P00	Loan Account Number	GL16750576
Period of Loan / Remaining Loan Period	1	Loan Amount / Outstanding Balance (inclusive of premium if any) ₹	500001
Rate of Interest	0	%Date of Loan Disbursement	12-JAN-21
Cover Type	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Reducing	Type of Loan	OTHERS
Moratorium	<input type="checkbox"/> Moratorium Period In Years <input type="checkbox"/> (If Ticked Yes)	Premium Finance	<input type="checkbox"/> Yes <input type="checkbox"/> No

We hereby declare that the information submitted and undertaking given by the Customer under this application form is true and correct and is verified with records available with us.

Simplified Medical Questionnaire (SMQ)

Proposed Insured

Occupation		Annual Income		Nationality	
a) Height (in cms)		b) Weight (in Kgs)			
c) Has there been any variation in weight of more than 5 kg in the past 6 months (other than weight loss programme)?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
1) Do you have any form of physical deformity, disability, accident history, injury, fractures, congenital diseases, external or internal body defect which may or may not restrict your day today activities?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
2) Do you suffer from or have you suffered from or received consultation or investigation or treatment for or are you currently receiving treatment for or awaiting medical or surgical treatment for:			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
a) High Blood Pressure, cholesterol, Chest pain/discomfort, Heart Attack, irregular or fast heart rate or any other disorder of heart or blood vessel, Stroke, Epilepsy, Paralysis in any form, or any other Cerebrovascular Disease;			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b) Diabetes, sugar in urine, thyroid disease or any other Endocrinal Disease, or Kidney, prostate or genitourinary disease like blood or albumin in urine, sexually transmitted or venereal diseases, etc.			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c) Any form of hepatitis, jaundice or liver Disease or disorders of eye/ear/nose/throat (excluding common cold)			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
d) Any lung or respiratory disease (e.g. Asthma, bronchitis, Tuberculosis, COPD, persistent cough, etc.).			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
e) Anaemia or any Blood Disorders, gastric or duodenal ulcers, colitis, chronic diarrhoea or other Gastro-Intestinal Diseases, or any other disorder of the bones, spine or muscle like rheumatism, arthritis, gout, etc.;			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
f) Any Cancer or Cancerous growth, tumours, chemotherapy or radiotherapy of any kind;			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
g) Anxiety, depression or other Mental or Psychiatric condition, any Genetic Disease or chronic headache, multiple sclerosis, any disease related to central nervous system (disease related to brain, spinal cord) or any autoimmune disorder;			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
h) HIV / AIDS or AIDS related complications.			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
i) Do you have any habits e.g. smoking/ tobacco chewing, alcohol, narcotics etc. or were you advised to abstain from the same due to medical reasons ?(if yes, please fill up below details)			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If yes Consumed as,					
Frequency / Day				Duration (in Years)	

Alcohol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Quantity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Narcotics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

j) Have you ever undergone or have been advised to undergo any major surgical procedure or medical treatment for any conditions/illness/disorder not listed above or any complaints or symptoms for which a physician has not been consulted?

k) In the last five years, have you been continuously hospitalized for more than 7 days (other than fractures) or undergone any investigations (including basic radiological and blood tests) other than normal Health Check-ups and Insurance Medicals, or have had adverse result for any blood tests, X-Rays, ECG, Stress Test, Biopsies, CT Scan, MRI, Ultra-sonography or 2D / 3D Echo etc.

3) Does any member of your immediate family e.g. parents, brothers, sisters, suffered from high blood pressure, diabetes, heart disease, stroke, cancer, kidney failure, or any other chronic or hereditary conditions before the age of 60 yrs.

4) a. Do you have existing/proposed insurance cover from Bajaj Life Insurance or other life insurance companies?

b. Did any of your proposal and / or policy for life, health, accident or critical illness or any other riders, including simultaneous / renewals / revivals therefore, declined, deferred, withdrawn or accepted at extra premium or reduced cover or offered any special terms by any insurance company.

c. Have you ever received or do you now receive any benefits under health/disability/critical insurance cover?

5) Do you engage or intend to engage in any business, sport or occupation or any hobby of a hazardous nature (e.g. occupation - chemical factory, mines, explosives; aviation other than fare paying passengers, diving, mountaineering, any form of motor racing, etc.)

6) For females lives only: a) Are you pregnant? If "Yes", please state the expected date of delivery _____

b) Have you ever had any disorder of female organs or any abnormality of complications during pregnancy like eclampsia, gestational diabetes, recurrent miscarriage, etc?. If Yes Give details. _____

please provide complete details if any of the above question is answered in affirmation _____

Declaration

(Please do not sign on blank proposal form)

I here by declare that the information provided in the above questionnaire is true to the best of my knowledge. I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance (s) and that failure to disclose any material fact known to me may invalidate my insurance (s). I/We am/are aware that the policy shall be governed by the Terms Conditions of the policy issued by BAJAJ ALLIANZ LIFE INSURANCE CO. LTD. Pursuant to the proposal for insurance made by us. I/We have independently verified the information before making my/our decision. I/We am/are aware that the GCPP policy taken by me/us, is issued and underwritten by BAJAJ ALLIANZ LIFE INSURANCE CO. LTD., and that all claims will be settled BAJAJ ALLIANZ LIFE INSURANCE CO. LTD., as per the terms and conditions of the policy. I/We hereby confirm that I/We have agreed to subscribe to the policy purely on a voluntary basis after taking my/our independent professional advice and that shall not be liable for any liability for loss or damage of whatsoever nature, which may be attributable to payment of claims under the policy of Insurance."

The above declaration and other details are true to best of my knowledge. I have been explained the rules of the scheme and have understood them.

Date	<input type="text" value="12-JAN-21"/>	Signature of Primary Member-	<input type="text" value="**OTP**"/>	Place	<input type="text"/>
Witness Signature	<input type="text"/>	Place	<input type="text"/>	Date	<input type="text"/>

**OTP ** - I have consented and authenticated the details provided under this application form electronically through OTP validation after fully understanding the content and purport thereof.

Vernacular Declaration / Specimen Signature (Please do not sign on blank proposal form)

If the signature herein is in vernacular then the proposed insured/proposer should declare below in his/her own handwriting (in the same language in which the Application is signed) that the replies were after and properly understanding the question and declarations mentioned above. The contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract

<input type="text"/>	Date	<input type="text"/>
<input type="text"/>	Name Address of the witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby declare that the contents of the Application form including the declarations have been explained to the proposer and replies have been recorded as per the information provided by the Counter Member and all the answers have been read out and fully understood by and confirmed by the Counter Member

<input type="text"/>	Name and Address of person filling up the Application form	<input type="text"/>
Date	<input type="text"/>	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

I have understood the content of the proposal form as explained to me in _____ language by the person, Mr./Ms

_____, filling in the proposal form and after the same, I am affixing my signature/thumb impression. Vernacular Declaration in Regional

Language _____ Signature/thumb impression of the Life Assured _____

Declaration for Settlement of Premium refund/Claim Amount in favor of Master Policy Holder who is a Regulated Entity

In the event of any eventuality giving rise to a claim under the group insurance scheme, the claim proceeds should be utilized to liquidate the outstanding loan availed by me. I authorize MPH to receive the outstanding loan amount of the claim proceeds, from Bajaj Allianz Life Insurance Company Limited, which is authorized to make payment directly to and in the name of the MPH to the extent of outstanding loan amount left, if any, may be paid by BALIC to me or my nominee/beneficiary, as the case may be. Bajaj Allianz Life Insurance Company Limited shall be discharged to the extent of amount paid to the MPH towards outstanding loan amount. It shall be solely my responsibility to bring to the notice of BALIC, in the event I intend to make a change in my declaration as made herein above. This declaration is applicable when the MPH is a regulated entity or as specified by IRDAI from time to time.

****OTP ****
Signature

MPH Seal INDIA INFOLINE
FINANCE LIMITED

Consent/Authorisation to be obtained from customers in case of cancellation of policy and refund of premium to MPH

I hereby authorise Bajaj Allianz Life Insurance Company Limited (the "Company") to refund the insurance premium due to me on account of cancellation of my cover, to my loan account with INDIA INFOLINE FINANCE LIMITED, the Master Policy holder. Upon such payment, the Company shall stand discharged of its liability for such premium amounts.

Name : Mr Hanspal Kumar

Date

12-JAN-21