

Intermediary Code

TRAVEL ELITE PROPOSAL FORM

1. Name of the Proposer :

2. Address :

3. Phone No. :

4. E-mail _____

5. Date of Birth

6. Passport No. Assignee

7. Departure Date : Arrival Date :

8. Plan

Travel Elite -	Silver	<input style="width: 20px; height: 15px;" type="text"/>	Gold	<input style="width: 20px; height: 15px;" type="text"/>	Platinum
	Elite Asia Flair	<input style="width: 20px; height: 15px;" type="text"/>	Elite Asia Supreme	<input style="width: 20px; height: 15px;" type="text"/>	Travel Elite Family
Travel Age Elite -	Silver	<input style="width: 20px; height: 15px;" type="text"/>	Gold	<input style="width: 20px; height: 15px;" type="text"/>	Platinum
Student Elite -	Standard	<input style="width: 20px; height: 15px;" type="text"/>	Silver	<input style="width: 20px; height: 15px;" type="text"/>	Gold

Corporate Elite Corporate Lite Corporte Plus

Choose Geographic Coverage : Excluding USA / Canada | Including USA / Cana | Asia Including Asia (Excluding Japa)

Family Members					
S.No.	Name	Date of Birth	Gender	Passport No.	Assignee
1					
2					
3					
4					

S.No.	a) Are you suffering or have you ever suffered from any illness/ disease / ailment upto the date of making this proposal or suffer from physical defect or deformity? Please give details	b) Have you been admitted to any hospital / nursing home / clinic for treatment or observation ? Please give details	c) Are you currently or in past have been on any medications ? Please mention	d) Have you ever claimed under your earlier travel policy? If yes, please give details under the section claimed.	Please mention the name, address and telephone no. of your family doctor and/or specialist
1					
2					
3					
4					

If answer to any of the above a) to d) is Yes.
Please give details :

I hereby declare & warrant that the above statement is true and complete in all respects and that information relevant to my application of insurance has been disclosed to you. I understand that this policy does not cover any pre-existing medical condition/injury/illness/deformity and complications arising from them that are declared or undeclared. I will not be travelling against the advice of a physician will not be travelling for the purpose of obtaining medical treatment. I consent to Bajaj Allianz seeking medical information from any doctor in respect of any matter relating to my physical or mental health and I authorize and consent to him giving such information to Bajaj Allianz and / or to the claims administrator or medical advisors.

I agree to this proposal and the declaration shall be the basis of the contract between me and Bajaj Allianz and I agree to accept the policy subject to the terms & conditions prescribed by Bajaj Allianz General Insurance Company Ltd.

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

Payment Details

Cash / Cheque	Amount	Cheque No.	Cheque Dt.
	Bank/Name		Branch

Signature :

Date :

Additional information to be completed by the student (Only for student companion 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 any thing that is not asked which you may want the insurer to know? _____

Name : _____

Signature : _____

Date : _____