

Relationship Beyond Insurance

F	or	Office	Use	Onl	y:

omee ose omj.						
Scrutiny No.	Receipt No.	Policy No.				

For Age	nt Use Onl	y:

	,
IMD Code	IMD Name

EXTRA CARE PLUS: Proposal Form

Instructions For Filling Up The Form:-

- 1. Please answer all questions in BLOCK letters.
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- 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.

Proposer Details											
1. Full Name: Middle Name	Title			First N	me						
-	ting Bajaj Allianz Custome	_	s, please me	_		h D I	D M I N		LVLV		
	Male Female	Other	. 1		e of Birt	.11	D M N	1 1 1			
5. PAN No.				6. UIE	/Uniqu	e ID: LL					
	7. Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee										
8. Marital Status: Married Single Divorced Widowed 9. No. of ChildrenSonsDaughters 10. Occupation Business Salaried Professional Student House Wife Retired Others											
	ce Address: (All the comm				use wii	e 🗆 Kei	irea 🗆	Others			
House No.	Le Address. (All the comin	House N		Delow address)	1		1 1	1 1			
			dire								
Landmark/Locality											
Road/Area Name											
City/District											
State							+		Pin Code		
Mobile			Tel.								
Email _											
•	alification: Matricul					st Graduate		,	C		
, , ,	/Income: Up to Rs.	20,000 🗆 Rs.	. 20,001 to R	s. 50,000 🗆	Rs. 50,0	01 to Rs. 1	lakh □	Above Rs.	1 lakh		
14. Nationality											
15 Please selec	t the Sum Insured option	on, Deductible	& Air ambl	liance option i	n the c	elow table	9				
Sum Insured		Aggre	egate Deduc	tible Options				Air	Ambulance Cover Sum I	nsured (in INR) 🗆	
300000	□ 200000	-		-			-		200000		
500000 🗆 200000 🗆 30000		00	-	-			500000				
1000000	□ 200000	□ 30000	00	□ 500000		-			500000		
1500000	-	□ 30000	00	□ 500000		-			1000000		
2000000	-	□ 30000	00	□ 500000		□ 1000000			1000000		
2500000 - 🗆 300000		00	□ 500000		□ 1000000			1000000			
5000000			00	□ 500000		□ 1000000			1000000		
16. DETAILS OF PERSONS TO BE INSURED											
1	Member Details	R	Relationship	Date of Birth	Age	Gender	Height	Weight	Nominee	Nominee Relationship	
		wi	ith Proposer	DD/MM/YYYY		(M/F)	(cms)	(Kgs)		with Insured	
										With hisarea	
17. MEDICAL AN	ND LIFE STYLE INFOR	MATION									
Medical History: Please answer the below mentioned questions individually in Yes(Y) / No (N):											
	spect of any of the persons			any in res(1)/ Ni) (IN).						
Has any application for life, health, hospital daily cash or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any											

insurance company?

If yes please provide details \square YES \square NO

Sr. No	Name of Insured	Details of Proposal
1		
2		
3		
4		
5		
6		

Section B: Has any of the person proposed to be insured ever suffered from/ are currently suffering from any of the following: Yes / No 1 High or low blood pressure, Hypertension, Chest Pain, or any other cardiac disorder? Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder Ulcer(Stomach/Duodenal), liver or gall bladder disorder or any other digestive tract disorder? 3 Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/ urinary tract disorder 4 5 Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc) disorder Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder? 6 Tumor (Swelling)-benian or malianant, any external ulcer/growth/cvst/mass anywhere in the body? 7 8 Arthritis, Spondylosis or any other disorder of the muscle/bone/joint 9 Diseases of the Ear/Nose/Throat/Teeth/ Eye (please mention Dioptres in case of refractory error)? 10 HIV/AIDS or sexually transmitted diseases or any immune system disorder 11 Anaemia, Leukaemia, Lymphoma or any other blood/lymphatic system disorder Psychiatric/Mental illnesses or sleep disorder 12 13 Uterine Fibroid, Fibroadenoma breast or any other Gynaecological (Female reproductive system)/Breast disorder? 14 Any other illness or injury not mentioned above? Section C: Has any of the persons proposed to be insured: Yes / No **Ouestions** Been addicted to alcohol, narcotics, and habit forming drugs or been under detoxication therapy? 2 Been under any regular medication (self/ prescribed)? 3 Undertaken any lab/blood tests, imaging tests viz. scans/MRI other than routine health check-up or pre-employment check-up? 4 Undertaken any surgery or a surgery been advised and have surgery still pending? Section D -Name and details of Illness/ Medicine/Test/ Surgery/ Date of last Treatment In/Outpatient and details Doctor/Hospital Name & Diagnosis **Exact Diagnosis** (for questions answered as Yes of treatment given consultation Phone No. in Section B & C above) Insured Person 1 Insured Person 2 Insured Person 3 Insured Person 4 Insured Person 5 Insured Person 6 □ YES □ NO Section E: Does any person proposed to be insured smoke or consume gutkha/pan masala or alcohol. If yes please provide the details and quantity per week 18. Payment Details Mode of payment: \square Cash/ \square Debit Card/ \square Credit Card/ \square Others IFSC Code Instrument No. Name of the Premium Payer Relationship of Payer with Proposer **Bank Details** Account No. Amount (in Rs.) Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Bajaj Allianz General Insurance Company Limited' 20. In case of any Offer, you would prefer to be contacted by:

Phone

Email I 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 am authorised to propose on behalf of these other persons. 2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable. I further declare that I 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 3. submitted but before communication of the risk acceptance by the company. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be 4. insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. Date: Signature, Name and Address of Witness Signature/ Thumb Impression of the Proposer Proposed Policy Period: From: DD/MM/YYYY, To: DD/MM/YYYYY (Applicable only if the Proposer has affixed Thumb Impression) I hereby declare that, I have fully explained the contents of the proposal form and Terms and Conditions of the policy to the Proposer in the language understood to him / her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof. Place Signature of the Declarant (Intermediary/ Agent/ Insurance Official) Name of the Declarant:

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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITHFINE WHICH MAY EXTEND TO RUPEES TEN LAKH.

To support our Go Green initiative, we will send the policy copy on your email. This is a digitally signed valid document. Please confirm if you still want to receive the physical hard copy of insurance policy 🗆 Yes 🕒 No