

# BajajAllianzGeneralInsuranceCompanyLimited

Regd. & Head Office: GE Plaza, Airport Road, Yerwada, Pune 411006.

## Proposal No:

For Office Use Only		
Scrutiny No		Remarks
Receipt No		
Policy No		

For Agent Use Only:		
Intermediary		Mobile No
Sub IMDCode		
Intermediary Name		

## EMERGENCY HOTEL ACCOMMODATION FOR FAMILY MEMBER PROPOSAL FORM

Please answer all questions in BLOCK letters.

- I. This proposal will be the basis of this insurance policy that we may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. Non-compliance of the above may result in the avoidance of the Policy & we shall have no liability to make any payment under the Policy.
- II. If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the advice of your insurance advisor.
- III. If we accept a proposal for this insurance, it shall be subject to the Policy terms and conditions and we shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized (in case of cheque payment) or non-fulfillment of pre-policy check-up (wherever required).
- IV. The liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- V. This Rider can be taken in conjunction with any Bajaj Allianz General Insurance Policy Covering Overseas Travel.

1. Name of the Proposer

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2. Address In India for Communication :

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3. Phone No:

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4. E-mail: \_\_\_\_\_ 5. Date of Birth

D	D	-	M	M	-	Y	Y	Y	Y
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6. Passport No: \_\_\_\_\_

7. Country/Countries of Travel : \_\_\_\_\_

8. Period of Travel :

Departure Date: 

D	D	-	M	M	-	Y	Y	Y	Y
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ArrivalDate 

D	D	-	M	M	-	Y	Y	Y	Y
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9. Sum Insured Options : ( Please Select any one of the below Options)

USD 1  0

USD 2  0

USD 3000

USD 4000

Payment Details

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

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

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 insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after fill 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."

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE

DATE (DD/MM/YY)

### **Insurance Act, 1938 Section 41 - Prohibition of Rebates Insurance Act**

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: \_\_\_\_\_

Signature (On behalf of Proposer) \_\_\_\_\_

Name \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* 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.