

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
 UIN: IRDAN113RP0003V01200203/A0020V0120234

CARE PLUS – ADD ON COVER UNDER CATTLE AND LIVESTOCK INSURANCE

PROPOSAL FORM

Declarations

- 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 received by the Company.
- This Proposal will be the basis of any subsequent motor policy that the Company will issue 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.

1. Policy Number of Base Policy _____
2. Are you an Employee of BAGIC/ Group Companies of BAGIC : _____ Emp. Code: _____
3. Kindly provide details of any other active policy of Bajaj Allianz General Insurance Co. Ltd. held by you:

4. Please fill below details:

Do you want to opt for Care Plus Add-On?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
If Yes, Please choose any one plan:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Cover Name</th> <th style="width: 12.5%;">Plan 1 (Sum Insured)</th> <th style="width: 12.5%;">Plan 2 (Sum Insured)</th> <th style="width: 12.5%;">Plan 3 (Sum Insured)</th> <th style="width: 12.5%;">Plan 4 (Sum Insured)</th> <th style="width: 12.5%;">Plan 5 (Sum Insured)</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Doctor Consultation Cover (Veterinary) + Prescribed Investigations Cover</td> <td>1000</td> <td>1200</td> <td>2000</td> <td>3500</td> <td>5000</td> </tr> </tbody> </table>	Cover Name	Plan 1 (Sum Insured)	Plan 2 (Sum Insured)	Plan 3 (Sum Insured)	Plan 4 (Sum Insured)	Plan 5 (Sum Insured)	Doctor Consultation Cover (Veterinary) + Prescribed Investigations Cover	1000	1200	2000	3500	5000
Cover Name	Plan 1 (Sum Insured)	Plan 2 (Sum Insured)	Plan 3 (Sum Insured)	Plan 4 (Sum Insured)	Plan 5 (Sum Insured)								
Doctor Consultation Cover (Veterinary) + Prescribed Investigations Cover	1000	1200	2000	3500	5000								

Declaration:

1. I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
2. I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
4. I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance

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Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Date:
Place:

Signature of Proposer
Name:

Date:

*Signature (on behalf of the Proposer)

Place:

Name:

* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

* Certified that 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.

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 WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.” Yes / No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification. Yes / No
- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. Yes / No
- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. Yes / No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App – <http://onelink.to/v9zp7c>, WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS “WORRY” to 575758, Email – bagichelp@bajajallianz.co.in, website – <https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.