

1. Please answer all questions in BLOCK letters.
2. The Liability of the Company does not commence unless this Proposal has been accepted by the Company and premium has been paid.
3. This Proposal will be the basis of any subsequent policy that the Company issues and therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any additional information relevant to risk to insured or its decisions to acceptance of the risk on the terms upon which should be accepted.

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1) Full Name:

Title	First Name	Middle Name	Surname

2) Are you an existing Bajaj Allianz Customer: Yes / No. If yes, please mention the Policy No: OG -- -- -- -- --

3) Gender Male Female / Others 4) Date of Birth: / / M M 5) PAN No:

6) UID/Unique ID: 7) Bajaj Allianz Employee Code, if Proprietor/BALIC Employee:

8) Marital Status: Married / Single / Divorced / Widowed 9) No. of Children: Sons / Daughters

10) Educational Qualification: Matriculate / Under Graduate / Graduate / Post Graduate / Professionally

11) Gross Annual Income (in Rs.) _____ 12) Occupation _____

13) Correspondence Address:

House No & Name:

Landmark/Locality:

Road/Area Name:

City: State: Pincode:

14a) Telephone No.: 14b) Mobile Number:

15) Email Id _____ @ _____

16) Domestic LPG Consumer number _____ 17) LPG Distributor Name & Address _____

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18) Please indicate the plan you want to opt for:

		<input type="checkbox"/> W o v /	<input type="checkbox"/> W o v //	<input type="checkbox"/> W o v ///	<input type="checkbox"/> W o v / s
01	Fire and Allied Perils	100000	150000	175000	200000
02	Public Liability	100000	150000	175000	200000
03	Personal Accidents (Floater Basis)	100000	125000	150000	175000
04	Medical Expenses (Floater Basis)	50000	70000	100000	125000

19) Details of the family members to be insured (Maximum Six members of the family residing in the same residential premise can be insured on basis):

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* In case of unfortunate accidental death of the insured, claim amount will be paid to the nominee.

20) Injury Details of the persons proposed to be insured under this policy:

S. No.	Name of the Person	Name of the injury suffered/suffering from	Date First Treated	Treatment Details	Current Status of the injury

21) Details of the residential property to be insured under this policy:

House No. & Name:

Landmark/Locality:

Road/Area Name:

City: State: Pincode:

Nature of Construction : RCC / Brick / Asbestos Height from Road Level : _____

Is the property proposed to be insured under this policy already insured elsewhere? Yes / No

If yes, please give details : _____

22) Details of current insurance policy /previous insurance policy having Public Liability or Medical Expenses covers on the name of Persons Covered under this policy (if any): (Please attach a photocopy):

Name of The Person	Policy No.	Name and Address of Insurance Co.	Sum Insured	Covers	Period of Insurance	
					From dd/mm/yy	To dd/mm/yy

Declaration

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 full 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.

Proposed Policy Period: From : To :

Date:

Signature of the Proposer

Place:

*** 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.**

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

SECTION 41 OF INSURANCE ACT, 1938

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 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 prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.