## Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

CIN: U66010PN2000PLC015329 | UIN:BAJHLIP20055V011920

For more details, log on to: www.bajajallianz.com or

call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
Proposal Form Unique Reference Number: BAGIC/ Health/ Individual/ 003



For Office Use Only:		For Agent Use On	For Agent Use Only :						
Scrutiny No.	Receipt No.	Policy No.	IMD Code	Sub IMD Code	IMD Name	Mobile No			
HEALTH INFINITY PROPOSAL FORM									
<ol> <li>INSTRUCTIONS FOR FILLING UP THE FORM:-</li> <li>Please answer all questions in BLOCK letters</li> <li>The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid</li> <li>This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND         ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms         upon which it should be accepted</li> </ol>									
Proposer Details									
1) Full Name:	Title		Firs	t Name					
Middle Name			Sur	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 Fem	ale Transgend	er 4) Date of Birtl	h D	D M	M Y Y	ΥΥ	5) P	AN No.				
6) UID/Aadhaar no. 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee												
8) Marital Status: Married Single Divorced Widowed 9) No. of Children Sons Daughters												
10) Occupation Business Salaried Professional Student House Wife Retired Others												
11 a) Permanent / Residential Address 11 b) Correspondence Address: (All the communications will be sent to the below address)												
House No.	House				House No.				House			
Landmark/	Name				Landmark Locality	/			Name L			
Locality					Road/	_		i				
Area Name City/District					Area Name			1				
State	Pir	n Code	Ì		State			+		in Code	<u> </u>	
			1		Tel.(Office	,		+				
Tel.					1 1			1				
Mobile					Mobile Nu	mber		1				
Email					E-Mail		Щ	_				
12) Educational Qualification:	Matriculate	Under			-	duate	L	_	t Graduate		essionally	/ Qualified
13) Family Monthly Income: Up to Rs. 20,000 Rs. 20,001 to Rs. 50,000 Rs. 50,001 to Rs. 1 lakh Above Rs. 1 lakh												
14) In case of any Offer, you would prefer to be contacted by: Phone Email 15)Nationality												
16) Policy Period : 1 year 2 year 3 year												
17) Details Of Persons To Be In	nsured											
Member Details Relation with Pro		Date of Birth DD/MM/YYYY	Age	Gender (M/ F)	Per Day Room Rent	Occupation	wt.	ht.	Nominee	Nominee Relationship with Insured	Co-pay Opt 15% / 20	ion

wt.-Weight, ht.-Height

18) Has any of the persons to be insured suffer from/or investigated for any of the following?

Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV, If yes, indicate in the table given below



19) Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past and have been	taking treatment/
hospitalization? (Please provide details in the table given below)	

Name of t	he person	Name of the Illness /injury suffered / suffering in the past	Treatment details	Date first treated	Current Status of the Illness/ Diseases/Injury				
20). Payment Details									
mount Transaction No.		Transaction Dt.	Bank/Name		Branch				
	Payment Det		suffering in the past  Suffering in the past  Cash Cheque DD Credit Card Debit Card	suffering in the past    Cash   Cheque   DD   Credit Card   Debit Card	suffering in the past treated treated treated				

## Declaration\*

- 1. 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.
- 3. 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 submitted but before communication of the risk acceptance by the company.
- 4. 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 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.

5. 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 \_\_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_

\*Please read declaration wordings carefully before signing the proposal form.
\*\*This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

Signature (On behalf of Proposer)

## Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (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 default in complying with the provisions of this section shall be punishable with fine which may extend to rupees ten lakh.