

Relationship Beyond Insurance

G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113 | CIN: U66010PN2000PLC015329 | UIN: IRDA/NL-HLT/BAGI/P-P/V.I/280/13-14

For Office Use Only:		For Agent Use Only:						
Scrutiny No.	Receipt No.	Policy No.	Loan Account Number	Emp/LG Code	IMD Code	Sub IMD Code	IMD Name	Mobile No.

PERSONAL ACCIDENT POLICY PROPOSAL FORM

Instructions For Filling Up The Form:-

- 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 we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND 3. 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

Proposer Details								
1) Full Name: Title	First Nan	e						
Middle Name								
Is your name mentioned above as per your Aadhaar Card?: TYES NO If No, Please mention the Name as per Aadhaar Card								
2) Are you an existing Paini Allianz Customer: Vec / No If you please mention the Policy No. OC								
2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG								
3) Gender: Male Female Other 4) Date of Birth D D M M Y Y Y Y 5) PAN No. 5) PAN 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) Cor	espondence Address: (All the commur	ications will be sent to the below address)					
House No. House Name	House No	. House						
Landmark/ Locality	Landmar Locality	;/						
Road/ Area Name	Road/ Area Nan	е						
City/District	City/Distr							
State Pin Co	de State		Pin Code					
Tel.	Tel.(Res.)							
Mobile	Tel.(Offic)						
Email	Mobile N	ımber						
	E-Mail							
12) Educational Qualification: Matriculate Under Graduate Graduate Post Graduate Professionally 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	akh					
14) In case of any Offer, you would prefer to be contact	ted by: Phone Email 15)Natio	nality						
16) Details of the persons to be insured								
Sr N	DOB Gender Gender	Any Existing	Total					
No Name	(dd/mm Age (M/F) Occu	disability / infirmity	Monthly Premium Income					
and place provide								
17) Plan Details								
Sr No Name Of Insured	Basic SI Wider SI Compr	hensive SI Medical Expenses (Yes/ No)	Hospital Confinement Allowance (Yes/ No)					
-		(,)	(,)					

Name	Nominee*	Name of Nominee	DOB/Age	Relation*	% of Sum Insured		
	Nominee 1						
Self	Nominee 2						
	Nominee 3						
	Nominee 4						
If Nominee is "C Reg No:	thers" please specify	ne of the below mentioned relatio	nbers other than S	Self 100 % Nominat	ion to the Proposer only)		
Declaration*	1 1 15						
		on behalf of all persons proposed to be insur my knowledge and that I am authorised to pro			ind/or particulars given by me are true and		
İ further decla							
 I declare that or from any p 	I consent to the compa ast or present employer	any seeking medical information from any do concerning anything which affects the physical o	or mental health of th	ne person to be insure	as attended on the person to be insured/proposer and seeking information from any erwriting the proposal and/or claim settlement.		
		ormation pertaining to my proposal including with any Governmental and/or Regulatory at		of the insured/propos	ser for the sole purpose of underwriting the		
Date //							
Place :					Signature/ Thumb Impression of the Proposer		

19) Has any proposal for personal accident on your life or lives ever been postponed, declined or accepted on special terms? If yes, give

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates)

*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.

18) Period of Insurance: From

Nominee details

details

contract**

Place.

Date ____/ ____/ ____

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.

Signature (On behalf of Proposer)

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

ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mrs.

sum of Rs.

sum of Rs.

signature of Bajaj Allianz Official/ Intermediary:

Bajaj Allianz Official / Intermediary Name:

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion