

Relationship Beyond Insurance

G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113 | CIN: U66010PN2000PLC015329 | UIN: IRDA/NL-HLT/BAGI/P-H(C)/V.I/279/13-14

| 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. | | |
| | | | | | | | | | | |
| WOMEN CRECIFIC CRITICAL ILLNESS - DRODOCAL FORM | | | | | | | | | | |

OMEN SPECIFIC CRITICAL ILLNESS - PROPOSAL FORM 1. Please answer all questions in BLOCK letters $2. \quad The \textit{Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid and premium h$ 3. 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

| 1) Full Name: Title Middle Name Is your name mentioned above as per your Aadhaar Card?: \(\text{YES} \) NO If No, Please mention the Name as per Aadhaar Card 2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG 3) Gender: Female \(\text{Male} \) Male \(\text{M} \) Allianz Customer: Yes / No If yes, please mention the Policy No: OG 4) Date of Birth: \(\text{D} \) M M Y Y Y Y 5) PAN No. 6) UID/Aadhaar no.: 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee: 8) Marital Status: \(\text{Married} \) Single \(\text{Divorced} \) Divorced \(\text{Widowed} \) Widowed 9) No. of Children Sons \(\text{Daughters} \) 10) Occupation: \(\text{Business} \) Salaried \(\text{Professional} \) Student \(\text{House Wife} \) Retired \(\text{Others} \) 11a) Permanent / Residential Address: | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|
| Is your name mentioned above as per your Aadhaar Card?: \(\text{YES} \) NO If No, Please mention the Name as per Aadhaar Card. 2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG 3) Gender: Female \(\text{Y} \) Male \(\text{X} \) All Date of Birth: \(\text{D} \) M M Y Y Y Y 5) PAN No. 6) UID/Aadhaar no.: 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee: 8) Marital Status: \(\text{Married} \) Single \(\text{Divorced} \) Divorced \(\text{Widowed} \) Widowed 9) No. of Children Sons \(\text{Daughters} \) 10) Occupation: \(\text{Business} \) Salaried \(\text{Professional} \) Professional \(\text{Student} \) House Wife \(\text{Retired} \) Others | L | | | | | | | | | | | |
| 2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG 3) Gender: Female Male 4) Date of Birth: D M M Y Y Y Y 5) PAN No. 6) UID/Aadhaar no.: | _ | | | | | | | | | | | |
| 3) Gender: Female Male Male Male Male Male Male Male M | | | | | | | | | | | | |
| 3) Gender: Female Male Male Male Male Male Male Male M | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 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 | l | | | | | | | | | | | |
| 10) Occupation : Business Salaried Professional Student House Wife Retired Others | | | | | | | | | | | | |
| 10) Occupation : Business Salaried Professional Student House Wife Retired Others | 1 | | | | | | | | | | | |
| 11a) Permanent / Residential Address : | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| House No & Name | L | | | | | | | | | | | |
| Landmark/Locality | | | | | | | | | | | | |
| Road/Area Name City | | | | | | | | | | | | |
| State Pin Code | | | | | | | | | | | | |
| 11b) Correspondence Address : (All the communications will be sent to the below address) | | | | | | | | | | | | |
| House No & Name | L | | | | | | | | | | | |
| Landmark/Locality Landmark/Locality | L | | | | | | | | | | | |
| Road/Area Name City | | | | | | | | | | | | |
| State Pin Code | | | | | | | | | | | | |
| Telephone (Res.) | L | | | | | | | | | | | |
| Mobile Number | | | | | | | | | | | | |
| 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 | ı | | | | | | | | | | | |
| 14) In case of any Offer, you would prefer to be contacted by: Phone Email 15) Nationality | L | | | | | | | | | | | |
| Plan Details (Sum Insured Options) | | | | | | | | | | | | |
| 1) Rs. 50,000 | | | | | | | | | | | | |
| Employer's details / | | | | | | | | | | | | |
| S. No. Name DOB Age Ht. Wt. Name of the Organisation Premium Nominee Relation | | | | | | | | | | | | |
| (For Working members) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Health Details | | | | | | | | | | | | |
| Please tick Yes / No | | | | | | | | | | | | |
| 1. Has your Health Insurance / Life Insurance proposal ever been declined? If yes kindly mention the reason below YES 🗌 / NO | | | | | | | | | | | | |
| . Are you in good health & entirely free from any mental / physical impairments or deformities? | | | | | | | | | | | | |
| Unexplained night sweat and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands? YES / NO | | | | | | | | | | | | |
| incectors of sworlen grands: | | | | | | | | | | | | |
| 4. Have you ever suffered from or do you suffer from Cancer or Tumor of any kind? | _ | | | | | | | | | | | |

| 6. | Please confirm if you had or currently have - Breast lumps /pain associated with BReast Lumps / discharge from breast other than breast milk /redness, scaliness, or thickening of the nipple or breast skin YES / NO | | | | | | | | |
|--|---|---|--------------------------------------|---|--|--|--|--|--|
| 7. | Have you or any of your immediate family members (Father / Mother / Brother or Sister) have /had Cancer, Heart Attack, and Stroke? Was it prior to 60 yrs of age? | | | | | | | | |
| 8. | Do you have any abnormality in menstrual cycle - Irregular Menstrual Cycle Heavy bleeding Ovulatory disorders Pelvic Inflammatory Disease Any other diseases / disorders /complaints of Reproductive system YES / NO | | | | | | | | |
| | Please confirm if you are pre Did you have any problems i | YES / NO YES / NO | | | | | | | |
| 11. | Have you ever suffered from | YES / NO | | | | | | | |
| 12. | 12. In past 4 years have you ever consulted a Doctor or under gone any test like Ultra Sonograms, CT Scan, 2D Echocardiography, ECG, or Biopsy ?If Yes, please provide the reports | | | | | | | | |
| 13. | Have you ever been advised | YES 🗌 / NO 🔲 | | | | | | | |
| If your answer to any of the above is YES, please provide complete details of the illness/disease/condition in the table below (Attach extra sheet if required): | | | | | | | | | |
| | Please enclose the copies of | f investigation reports / consulta | tion letters / Discharge summary | y (If available) | | | | | |
| De | tails of disease/illness/injury suffering from | Treatment/Medication received/receiving | Month and year when first treated | Name of attending Medical Practioner/Surgeon with address and telephone no. | If completely cured/ Currently under treatment? | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| De | eclaration* | | | | | | | | |
| 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. 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. 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. 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. 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. | | | | | | | | | |
| Dá | Date/ | | | | | | | | |
| Place: | | | | | | | | | |
| 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** | | | | | | | | | |
| Date/ | | | | | | | | | |
| *P | Place: *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. | | | | | | | | |
| Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates): | | | | | | | | | |
| No or ac | 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. | | | | | | | | |