Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329 | UIN: BAJHLIP23143V012223, BAJHLIA24171V012324

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 Uniqu For Office Use Only:	e Refere	nce N	umb	er: BA	AGIC/	Health	h/ In	dividu			gent U	ا مءا)nlv ·																	_	_		_		
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8. Marital Statu	ıs:] Ma	arrie	ed [ingle	e [ivoro	ed		Wi	dowe	ed	g	9. No	o. of	Chil	ldren	: So	ns			Dau	ghte	ers [
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19. Voluntary co	-paym	nent	Disc	oun	t: [<u></u>	%		10%] 15	%	_ :	20%																					
(Note: If opto claim has be payable und	en adı	nitte	ed ui	by th	e Ins	surec patie	d th nt H	en Ir Hosp	isure italiza	d wi atioi	ll be n Trea	elio atm	gible nent 1	of ac	dditi , the	onal insu	5%, ⁻ ired	10%, pers	15% (son s	or 20 hall	0% di bear	isco · 5%,	unt i	espe 15%	ectiv or 2	ely o	on t esp	he po ectiv	olicy ⁄ely (prei of th	miu 1e el	ım. I ligib	n ca le cl	ise c aim	f a amour
20. DETAILS O	F PERS	ONS	ТО	BE II	NSUI	RED																													
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21 Plan and Sum Insi	ured Details								
	Member Name		ABHA Number (14 Digits)	In-Patient Hospitalisation Sum Insured					
2. Change in Room ren	t options: General Ward	☐ Twin Sharing ☐ 1% of SI	max up to 5000	ax 7500 🔲 2% of SI max up to 7500 🔲 Defa					
	n will have Single Pvt AC Roor all dependent members)	n by Default for SI 3 lacs to 10 lac	cs and for SI above 10 lacs only Act	uals will be applicable, Option selected by prop					
3. Pre-hospitalization N	ledical Expenses : 30	☐ 90 ☐ 180 ☐ 240 (Days)) Default						
(Note: The Base Plan members)	(Note: The Base Plan will have 60 days by Default, 240 days will be applicable only for SI above 50 lacs, Option selected by proposer will be applicable to all dependent members)								
4. Post-hospitalization I	Medical Expenses : 30 [☐ 60 ☐ 180 ☐ 240 (Days	s) 🗌 Default						
(Note: The Base Plan dependent members)		, 240 days will be applicable only	for SI above 50 lacs, Option select	ed by proposer will be applicable to all					
5. Waiting period (pre-	existing disease):	onths 24 months Defai	ult						
(Note: The Base Plan	will have 36 months by Def	ault , Option selected by propose	er will be applicable to all depender	nt members)					
6. Waiting period (spec	cific disease) : 🔲 12 month	is 24 months							
(Note: The Base Plan	will have 24 months by Defa	ult, Option selected by propose	r will be applicable to all depender	nt)					
7. Major Illness and Acc	ident Multiplier: Yes [No							
(Note : Optional cove	r opted by proposer will be a	pplicable to all members)							
8. International Cover (Emergency Care only):	Yes No							
(Note : Optional cove	r opted by proposer will be a	pplicable to all members)							
9. Loss of income (with	out infection) (applicable or	nly for Self, Spouse and depender	nt Parents for individual policy & S	elf and Spouse for floater policy)					
Name of Insured	Relation with proposer	Yes / No							
1.		Yes No							
2.		Yes No							
3.		Yes No							
4.		Yes No							

(Note: If dependent members are opting this cover, then it is mandatory for the proposer to opt this cover)

Bajaj Allianz General Insurance Co. Ltd.



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Please share the details of the marathon run in the table below

	Name of Marathon	Date (within 12 months)	No. of Kilometer run
Member 1			
Member 2			
Member 3			
Member 4			
Member 5			

31. Do you have Motor, Health, Home, Cyber and Pet Insurance with a premium more than INR 2500. If yes please provide the details in below table

	Policy number	Policy period	LOB
Member 1			
Member 2			
Member 3			
Member 4			
Member 5			

32. Do you smoke ciconsumption?	arettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily	
consumption:_		

33. Has any proposal for life, critical illness or health related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details _____

34. 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), vertebral

column disorder/s, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV. 🔲 Yes 📄 No

35. Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and prior to 4 years and have been taking treatment, regular medication (self/ prescribed)or planned for any treatment / surgery / hospitalization? (Please provide details in the table given below)

If the reply is YES for question 33 and 34, please share details in below table

Member Name	Name of the Illness/injury suf- fered /suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury

Health Care Add On:			At what Age illness suffered
Amount Transaction No. Transaction Date Claration Transaction Date Transaction Transaction Date Transaction of the proposal of the Insurance Policy or otherwise, including for providing products and services of good and a	<u> </u>		
e hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, ects to the best of my knowledge and that I/ We am/ are authorized to propose on behalf of these other person lerstand that the information provided by me will form the basis of the Individual Policy/floater Policy, and the pid that the Policy will come into force only after Company's full receipt and realization of the premium chargea of turther declare that I/ we will notify in writing any change occurring in the occupation or general health of the nitted but before communication of the risk acceptance by the Company. Upon renewal of Policy, I/We agree to be Company in renewal Policy Schedule or attachments thereto. The declare and consent to the company seeking medical information from any doctor or from a hospital/institutive of or from any past or present employer concerning anything which affects the physical or mental health of the pany to which an application for insurance on the life to be assured/proposer has been made for the purpose of thereby authorize and give my/our consent to Company to collect my/our personal and medical information/c hereby authorize and give my/our consent to Company to collect my/our personal and medical information/c hereby authorize Company to use/share the information/data, pertaining to my proposal and/or collected from the mental and/or Regulatory authority, for the sole purpose of proposal underwriting and/or claims settlement to the hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provide on in connection with the Insurance Policy or otherwise, including for providing products and services of coordance with their respective privacy policies and subject to appropriate measures being in place to safegore the proposed contract** ——————————————————————————————————	Bank Name	2	Branch
thereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, acts to the best of my knowledge and that I/ We am/ are authorized to propose on behalf of these other person erstand that the information provided by me will form the basis of the Individual Policy/floater Policy, and the pd that the Policy will come into force only after Company's full receipt and realization of the premium chargea of the declare that I/ we will notify in writing any change occurring in the occupation or general health of the intitled but before communication of the risk acceptance by the Company. Upon renewal of Policy, I/We agree to be company in renewal Policy Schedule or attachments thereto. The declare and consent to the company seeking medical information from any doctor or from a hospital/institution of the original proposed on the company in renewal Policy Schedule or attachments thereto. The declare and consent to the company seeking medical information from any doctor or from a hospital/institution of the proposed or proposal or present employer concerning anything which affects the physical or mental health of the bany to which an application for insurance on the life to be assured/proposer has been made for the purpose of hereby authorize and give my/our consent to Company to collect my/our personal and medical information/chereby authorize Company to use/share the information/data, pertaining to my proposal and/or collected from remental and/or Regulatory authority, for the sole purpose of proposal underwriting and/or claims settlement hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provide for in connection with the Insurance Policy or otherwise, including for providing products and services of good or in connection with the Insurance Policy or otherwise, including for providing products and services of good or in the proposed contract** I filed that the contents of the Proposal Form and documents have been fully explained			
cts to the best of my knowledge and that I/ We am/ are authorized to propose on behalf of these other persone erstand that the information provided by me will form the basis of the Individual Policy/floater Policy, and the pd that the Policy will come into force only after Company's full receipt and realization of the premium chargea further declare that I/ we will notify in writing any change occurring in the occupation or general health of the itted but before communication of the risk acceptance by the Company. Upon renewal of Policy, I/We agree to be company in renewal Policy Schedule or attachments thereto. declare and consent to the company seeking medical information from any doctor or from a hospital/institution declare and consent to the company seeking medical information from any doctor or from a hospital/institution or from any past or present employer concerning anything which affects the physical or mental health of the barry to which an application for insurance on the life to be assured/proposer has been made for the purpose of hereby authorize and give my/our consent to Company to collect my/our personal and medical information/onereby authorise Company to use/share the information/data, pertaining to my proposal and/or collected from mental and/or Regulatory authority, for the sole purpose of proposal underwriting and/or claims settlement hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provide on in connection with the Insurance Policy or otherwise, including for providing products and services of condance with their respective privacy policies and subject to appropriate measures being in place to safegored and the proposed contract** ——————————————————————————————————			
of the proposed contract** // e read declaration wordings carefully before signing the proposal form.	of the life to be assumed to be assumed to be of underwriting on/data available in from my/our ABHA nent and or to composited in this propers of group companis	ured/ proposer ar the proposal and n my/our Ayushyr A, with reinsurer, ply with applicabl osal form with its ites that may be o	nd seeking information from any insur d/or claim settlement. man Bharat Health Account (ABHA). For Service Provider and or with any ile laws/regulations. s group companies or any other of interest to me/us, to be used
se read declaration wordings carefully before signing the proposal form.	:he language knowi	-	e/ Thumb Impression of the Proposer t he/they have fully understood the sig
3 3 1 1			Signature (On behalf of Proposer)
s is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Pro			
	e Prospect/Propose	r or if the Prospec	ct/Propose is not knowing English
JRANCE ACT 1938 SECTION 41- Prohibition of Rebates erson shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renerty in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown or cept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of ection shall be liable for a penalty which may extend to ten lakh rupees.		an insurance in r	respect of any kind of risk relating to liv

ACKNOWLEDGEMENT: Received from Ms. / Mrs. / Mr: ______ sum of Rs. _____through Cash# / Cheque / DD / Credit Card / Debit Card No. ______ against your proposal for Health Policy. Signature of Bajaj Allianz Official / Intermediary: ______ Date: _____ Time: ____ Place: ______ Bajaj Allianz Official / Intermediary Name: ______



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/juridical /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.
•	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.
•	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.