

Bajaj Allianz General Insurance Company Limited
Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

For Office Use only:

Scrutiny No	Receipt No	Policy No

For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No	Emp/ LG Code

BAJAJ ALLIANZ JANATA PERSONAL ACCIDENT POLICY - INDIVIDUAL: PROPOSAL FORM

Instructions for filling up the FORM:

1. Please answer all questions in BLOCK letters.
2. The Liability of the Company does not commence until 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 to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

1. Name Of Proposer _____

2. Gender ___ Male/ ___ Female / ___ Others 3. Date of Birth (DD/MM/YYYY) ____ / ____ / ____

4. Address _____
 _____ Dist _____ State _____ Pin _____

5. Occupation _____ 6. Annual Income _____

7. Contact Number _____ 8. Email Id _____ @ _____

9. If there is any disability, please specify _____

10. Nominee Details

a. Name of the Nominee _____ b. Gender of Nominee _____

c. Relationship with Proposer _____ d. Date of Birth of Nominee _____

If Nominee is a minor, please provide the following details w.r.t. Appointee who should be a major as on date of this application and should be different from the Proposer

a. Name of the Appointee _____ b. Gender of Appointee _____

c. Relationship with Appointee _____ d. Date of Birth of Appointee _____

11. Sum Insured (in Rs.) _____ 12. Policy Period (in Years) _____

13. Do you/ Person proposed to be insured under the policy have any other Janata Personal Accident Policy? ___ Yes / ___ No

If Yes, please provide following details:

S. No	Name and Address of Insurance Company	Policy Number	Sum Insured	Period of Insurance	
				From (DD/MM/YYYY)	To (DD/MM/YYYY)

*Kindly Note that, One person cannot be covered for Sum Insured more than Rupees One Lakh in aggregate under Janata Personal Accident Policy.

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 Individual Policy/floater Policy, and the proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after Company's full receipt and realization 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 Insured Person(s) to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. Upon renewal of Policy, I/We agree to abide by the standard Terms and Conditions, unless otherwise mentioned by the Company in renewal Policy Schedule or attachments thereto.

I/ We declare and consent to the company seeking medical information from any doctor or from a hospital/institution who at anytime has attended on the Proposer/Insured Person to be insured 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 reinsurer, Governmental and/or Regulatory authority.

Proposed Policy Period: From : ___/___/___ To : ___/___/___
Date ___ / ___ / _____

* Signature/ Thumb Impression of the Proposer

Place : _____

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer in the language known to him and that he/they have fully understood the significance of the proposed contract

Date ___ / ___ / _____

Signature (On behalf of Proposer)

*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 or if the Prospect/Propose is not knowing English.

INSURANCE ACT 1938 SECTION 41- 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 or continuing 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 liable for a penalty which may extend to ten lakh rupees.