



Allianz

Caringly yours

Bajaj Allianz General Insurance Company Limited

Regd. Office & Head Office : Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006.

UIN: IRDA/NL-HLT/BAGI/P-P/V.II/470/13/14

IMD Code	
IMD Name	
Sub IMD Code	
Contact No.	
LG / Emp. Code	

LOAN CARE - PROPOSAL FORM

Important:

It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

PROPOSER DETAILS

1) Name of the Proposer :									
2) Gender : Male <input type="checkbox"/> / Female <input type="checkbox"/>	3) Date of Birth : <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
4) Correspondence Address :									
5) Telephone Number (Landline) :	Mobile Number :								
6) E-mail ID :									
7) Occupation : Salaried <input type="checkbox"/> / Self-Employed <input type="checkbox"/>	8) Monthly Income (in Rs.) :								

LOAN DETAILS

1) Name of the Financier :		
2) Loan Account Number :	3) Sanctioned Loan Amount (in Rs.) :	
4) Loan Tenure (in years) :	5) EMI (in Rs.) :	6) Type of Loan :

NOMINEE DETAILS

1. Name of the Nominee :	
2. Gender of the Nominee : Male <input type="checkbox"/> / Female <input type="checkbox"/>	
3. Date of Birth of the Nominee :	
4. Relationship of the Nominee to the Proposer :	

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.

1. Name of the Appointee :	
2. Gender of the Appointee : Male <input type="checkbox"/> / Female <input type="checkbox"/>	
3. Date of Birth of the Appointee :	
4. Relationship of the Appointee to the Nominee :	

4 a) Are you or any of your family members registered under the Ayushman Bharat Yojana? If yes please share your Ayushman Bharat Health Account Number (ABHA) in the below table ☐ Yes / ☐ No

S. No.	Member Name	ABHA Number (14 Digits)
1.		

DETAILS OF ANY OTHER EXISTING HEALTH INSURANCE/ PERSONAL ACCIDENT POLICY

S. No.	Policy Number	Name and Address of Insurance Company	Period of Insurance		No Claim Bonus%	Claims Received/Receivable(in Rs.)	Claimed for (Nature of Problems)
			From dd/mm/yy	To dd/mm/yy			
1.							

2.

ILLNESS/INJURY DETAILS OF THE PAST 4 YEARS AND PRIOR TO 4 YEARS

S. No.	Name of the Illness / injury suffered / suffering in the past 4 years	Treatment details	Date first treated	Name of the Illness / injury suffered any time in the past (prior to 4 years)	Treatment details	Date first treated
1.						
2.						

PREMIUM DETAILS1) Sum Insured (in Rs.):

(Sum Insured for Personal Accident Cover under Loan Care must be equal to the sanctioned Loan Amount or 60 times of the monthly income of the Proposer, whichever is lower)

2) Policy Period (in years):

(Policy Period for Loan Care must be equal to the Loan Tenure, subject to a minimum of 1 year and a maximum of 3 years)

3) Total Premium {inclusive of Service Tax}(in Rs.) : **PAYMENT DETAILS**1) By Cheque : a) Cheque No. : b) Bank : c) Branch : 2) By Cash : **Payment Details**Mode of Payment: ☐ Cheque ☐ DD ☐ Cash ☐ OthersCheque - Given by: ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Employer/Employee ☐ FinancierTo support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance 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 insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt 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 life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/ We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer 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 Governmental and/or Regulatory authority.

Date : Place :

Signature of Proposer

*** Certified that 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.**

For Bajaj Allianz General Insurance Company Ltd.

* This is required only where, for any reason, the proposal and other connected papers are not filled by the Prospect/ Proposer.

The following is the copy of section 41 of the Insurance Act 1938 PROHIBITION OF REBATES

- No person shall allow or offer to allow either directly 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates 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 penalty which may extend to ten lakhs rupees.

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. ☐ Yes / ☐ No
- 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. ☐ Yes / ☐ No
- 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. ☐ Yes / ☐ No