Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. Reg No.: 113.
CIN: U66010PN2000PLC015329 / UIN: BAJHLIP23184V012223
Email: bagichelp@bajajallianz.co.in | Website: www.bajajallianz.com

Caringly yours

For Office Use Only:

Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

Intermediary Name	Intermediary Code

Nidaan Swasthya Bima, Bajaj Allianz General Insurance Company

PROPOSAL FORM

Unique Reference Number – BAGIC/Health/Individual/016

GUIDELINES FOR COMPLETION OF THE FORM

- This policy is specially designed for Persons with Disability and Persons with HIV/AIDS.

a. Persons with Disability shall be covered if 40% disability is certified by the competent authority as per the Disability Act 2016.

b. Persons who are HIV/ AIDS positive Individuals with CD4 count above 400 shall be covered.

- Please answer all questions correctly and completely.
- Information for fields marked with asterisk (*) are mandatory.
- Only Indian Nationals can be covered under this policy.

  Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by Name of the Insurance Company

Intermediary Details

Intermediary Name

Intermediary Code

Intermediary Contact Details

Proposer Details*

1) Full Name: Title

First Name

Middle Name

Surname

Communication Address

House No.

House Name

Landmark/ Locality

Road/ Area Name

City/District

State

Pin Code

Contact Details

Mobile

Email

Occupation and Nature of Business/ Work:

PAN No./ form 60/61

UID/Unique ID:

Date of Birth D D M M Y Y Y Y

Gender: ☐ Male ☐ Female ☐ Other

Coverage Details:

Policy Type: Individual Basis

Policy period: 1 year

Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

Sum Insured: ☐ 400000 ☐ 500000

Coverage opted: ☐ Pre-existing HIV/AIDS ☐ Pre-existing Disability ☐ Pre-existing HIV/AIDS and Disability

Waiver of Co-pay opted: ☐ YES ☐ NO

Details of Persons to be Insured:

Name of the Insured	Nationality	DOB (dd/mm /yy)	Age	Gender	Ht (cms)	Wt (kgs)	Occupation	Marital Status	Relationship with Insured

Nominee Details:

Name	DOB (dd/mm/yy)	Age	Relationship with Insured

Where Nominee is a minor, give the details of Appointee

Name	DOB (dd/mm/yy)	Age	Relationship with Insured

Previous/Existing Health Details of Insured:

Sl Number	Health Questions	Yes	No	Details (If yes)
1	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) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV or Any other previous medical details If yes, indicate in the table given below.If yes please provide details			

Sl Number	Health Questions	Yes	No	Details (If yes)
2	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			
3	Do you suffer from HIV/AIDS? -If Yes, please enclose a recent certificate of your current CD4 count (within past 30 days)			
3.I	Current CD 4 count			
3.ii	Has your CD4 Count gone below 500 in the past 4 years? -If yes when and How many times			
3.iii	Do you suffer from any othe illness/ disease related to arising of/associated to HIV/AIDS - if YES- Please share details			
4	Do you suffer from any disability as per the listed conditions mentioned below: - If Yes, please enclose Disability certificate mentioning percentage of disability wherever applicable.			
	1. Blindness ❑			
	2. Muscular Dystrophy ❑			
	3. Low vision ❑			
	4. Chronic Neurological conditions ❑			
	5. Leprosy Cured persons ❑			
	6. Specific Learning Disabilities ❑			
	7. Hearing Impairment (deaf and hard of hearing) ❑			
	8. Multiple Sclerosis ❑			
	9. Locomotor Disability ❑			
	10. Speech and Language disability ❑			
	11. Dwarfism ❑			
	12. Thalassemia ❑			
	13. Intellectual Disability ❑			
	14. Haemophilia ❑			
	15. Mental Illness ❑			
	16. Sickle Cell disease ❑			
	17. Autism spectrum disorder ❑			
	18. Multiple Disabilities including deaf/ blindness ❑			
	19. Cerebral Palsy ❑			
	20. Acid Attack victim ❑			
	21. Parkinson's disease ❑			
4	Do you suffer from any pre-existing illness other than Disability or HIV AIDS mentioned above? Yes No If Yes, please specify details and the no of years you are suffering:			
5	Do you have any other physical disability arising out of any illness/ disease condition			
6	Any other previous medical details			

Previous/Existing Health Insurance details

Policy No. / Application No.	Insurer Name	Period of Insurance (from – to)	Sum Insured	Claims lodged during the preceding years

Electronic Insurance Account Details Section:

I want_____related information in_____

Physical Format- ☐ Yes ☐ No e-Format (electronic) as & when applicable- ☐ Yes ☐ No

Choose your Insurance Repository (For those selecting e-Format)

a) NSDL Data Management Ltd.

b) CDSL Insurance Repository Ltd

c) Karvy Insurance Repository Ltd.

d) CAMS Repository Services Ltd

I have e Insurance Account & the No. is_____

My CKYC No. (Central Know Your Customer registry number) is (If available)_____

Premium Payment Details

Name of Premium payer:			
Premium Payment Frequency:	Monthly / Quarterly / Half Yearly		
Premium Amount:		❑ Cheque DD Debit Card / Credit Card	
Instrument Type:	❑ Cash/ ❑ Cheque/ ❑ Debit Card/ ❑ Credit Card/ ❑ Others: Please Specify:		
Date (DD/MM/YYYY)		Cheque no.	
Bank Name:		Bank Account Number:	
IFSC Code:		Branch Name:	

Bank Account Details For Process Of Refund

Cheque will be issued in the name of the Proposer only.

In case of cancellation of policy, if premium was paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account:(Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly.

Name of Account holder		Cheque No	
Bank Name:		Branch Name	
Cheque Date		Cheque Amount for rupee ₹	
Name as in Bank Account		Bank Account No	
IFSC Code		MICR Code	

Note: The Proposer agrees and undertakes to intimate in writing to Bajaj Allianz General Insurance Company about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

Place:_____

Date: D D M M Y Y Y Y

Signature of proposer: _____

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Place:_____

Date: D D M M Y Y Y Y

Signature of proposer: _____

AML Guidelines

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Agent's Declaration

I,_____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date: D D M M Y Y Y Y

Place:_____ Licence No._____ Signature of Agent: _____

Declaration & Warranty on behalf of all Persons Proposed to be insured

I. I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements 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.

ii. I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.

iii. 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.

iv. I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and /or claim settlement.

v. 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.

vi. I/We aware of premium loading, (if any declared above) for habit's & diseases as declared / mention by me/ us above.

vii. I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the details of beneficiaries to the Company as and when required.

Vernacular Declaration

** Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness)_____ (Relation with the Proposer/Primary insured)_____adult and inhabitant of (city)_____and residing at_____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from Bajaj Allianz General Insurance Company, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Date: D D M M Y Y Y Y

Place:_____ _____ Signature of the Witness

Signature/Thumb impression of the Proposer/Primary Insured

SECTION 41 OF INSURANCE ACT, 1938

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

(1) 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 or risk relating to lives or property in India, any rebate of 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 prospectuses or tables of the Insurer

(2) Any person making default in complying with the provisions of this section shall be punishable with fine , which may extend to Rupees Ten Lakhs.

GoGreen

To 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. ☐