Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

CIN: U66010PN2000PLC015329 | UIN: BAJHLAP21586V012021 / BAJHLA21577V012021

For more details, log on to: www.bajajallianz.com or

call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)



1000 203 0144/ Scrvice 100	0 203 3030 (101111cc 110.)	Offique Reference Number. BAGIC/ Health/ Individual/ Of
or Office Use Only :	For Agent Use Only:	

Scrutiny No. Policy No. Loan Account Number | Emp/LG Code IMD Code Sub IMD Code IMD Name

ADDITION OF NON-MEDICAL EXPENSES COVER (RIDER) AND WAIVER OF ROOM CAPPING: PROPOSAL FORM

- Please answer all questions in BLOCK letters & attach the renewal notice along with this form. 1.
- 2. The Liability of the Company does not commence until this form has been accepted by the Company and premium has been paid.
- 3. This form 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 you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.

Please	note:
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- Non-medical expenses cover can be opted with any of the below product with Base Sum Insured 5 Lac and above
- n Capping can be onted with Health Guard Policy only with Base Sum Insured 5 Lac and 7.5 Lac

Walver of Room Capping can be opted with realth duald rolley only with base summisured 3 Eac and 7.3 Eac	
Existing Policy/icies: Health Guard Health Ensure Health Care Supreme Extra Care Plus Extra Care Silve	er Health Star Packago
Existing Policy Number(s): Policy No. 1	
Policy No. 2	
Policy No. 3	
Proposer Details	
1. Full Name: Title First Name First Name	
Middle Name	
Is your name mentioned above as per your Aadhaar Card? : YES NO	
If No, Please mention the Name as per Aadhaar Card	
2. Mobile Tel. Tel.	
Email @	
Member Wise details:	

Non-medical Expenses cover opted* (Yes/No)

Member Name

Relationship with Proposer

NOTE: If opted, these will be applicable for all family members falling in the above Sum Insured eligibility criteria

Please provide details in the below table if you have any existing disease/disability

details with symptoms	Treatment details with treating Doctor details	Date first treated	Current Status of the Illness/ Diseases/Injury

Place:		
Date:		

Waiver of Room Capping** Any Pre-existing disease/disability

(Yes/No)

(Yes/No)

^{*}Non-medical expenses cover is applicable for Sum Insured 5 Lacs and above

^{**}Waiver of Room Capping is applicable only to Health Guard Policy with Sum Insured 5 Lac and 7.5 Lac



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 corporation 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. Yes / No