Bajaj Allianz General Insurance Co. Ltd.Bajaj Allianz House, Airport Road, Y erawada, Pune - 411 006. Reg. No.: 113

CIN: U66010PN2000PLC015329 | UIN: BAJHLIP23208V032223 | UIN - BAJHLIA24087V022324

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

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



For Office Use Only:		For Agent Use Only:							
Scrutiny No.	Receipt No.	Policy No.	Loan Account Number	Emp/LG Code	IMD Code	Sub IMD Code	IMD Name	Mobile No.	

CRITICAL ILLNESS - PROPOSAL FORM

Instructions For Filling Up The Form:-

1. Please answer all questions in BLOCK letters

☐ Individual ☐ Floater Plan Option _

- 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 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 i	insured or our decision as to acceptance of the risk or the	e terms upon which it should be accepted
Proposer Details		
1) Full Name: Title	First Name	
Middle Name	Surname	
Is your name mentioned above as per your Aadhaar Card? : ☐ YES	□ NO If No, Please mention the Name as per Aad	haar Card
2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please	1_1_11	
3) Gender: Male Female Other Strawn	.,	M M Y Y Y Y
5) PAN No.	6) UID/Aadhaar no.:	
7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee	:	
8) Marital Status: Married Single Divorced Wid	dowed 9) No. of Children Sons	Daughters
10) Occupation : Business Salaried Professional		Others
10 a) Are you or any of your family members registered under the Ayushma yes please share your Ayushmaan Bharat Health Account Number (ABHA)	103 / 110	
11a) Permanent / Residential Address :		
House No & Name		
Landmark/Locality		
Road/Area Name	City	
State		Pin Code
11b) Correspondence Address : (All the communications will be sent to	to the below address)	
House No & Name		
Landmark/Locality		
Road/Area Name	City	
State		Pin Code
Telephone (Res.)	Telephone (Office)	
Mobile Number E-	Mail	@
12) Educational Qualification: Matriculate Under Graduate	Graduate Post Graduate Professiona	ally Qualified
13) Family Monthly Income: Up to Rs. 20,000 Rs. 20,001 t		Above Rs. 1 lakh
14) In case of any Offer, you would prefer to be contacted by: Pho 16) Policy Period: 1 year 2 years 3 years	one Email 15) Nationality	
17) Payment Mode: Full Payment Installment Payment (if opted	d installment payment mode Monthly Quar	terly Half Yearly)
Details of the persons to be insured		
	ender Ht Wt Occupation Relation	Premium Nominee Relationship
No Name (14 Digits) (14/11) / yy (14/11)	M/F) Ht Wt Occupation Relation	of Nominee
Health Prime Rider Co-Pay: YES NO		



Section-II Insurance Information								
Critical Illness benefit applied for Rs								
Do you have other current or pending critical illness Insurance with BAGICL?					Yes No	0		
If yes Policy No.								
Do you have other current or pending critical illness Insurance with another Company?				Yes No	0			
If yes:				_				
Name of Institution :		Sum Insure	·d:		Year D	D M N	A V V V	V
Has any proposal for Life, Accident, Disal					icai D	D IVI IV	//	
Insurance on your life ever been postpor	, ,	•					☐ Yes ☐ No	0
If yes, give details including amount app	•							,
in yes, give details including amount app								—
Section-III Health Status								
PLEASE ANSWER ALL QUESTIONS BY CHECK			1.6				- V -	N
 Are you now in good health and entirely f How much weight have you lost or gaine 							☐ Yes ☐	NO
Reason for weight change:		(1.9.)						
3. Have you ever suffered or do you now su	ffer from:							
 a) Diseases of the circulatory system (e.g. heart trouble, chest pain, rheur 	matic fever high blood pressure	diseases of th	ne arteries and veins)?				□ Yes □	Nο
b) Diseases of the respiratory system (e	e.g. tuberculosis, asthma, persis	stent cough, pr	neumonia or emphysem				☐ Yes ☐	
c) Diseases of the genito-urinary system)?		☐ Yes ☐	No
 d) Diseases of the gastrointestinal system other disorders of the liver, disorders 		stric or duoder	nal ulcer, hepatitis B, hep	atitis C or			□ Yes □	Nο
e) Diseases of the nervous system or m		ilepsy, fits or fa	inting attacks, frequent	headaches,			_ 1c3 _	110
nervous breakdown, depression or c							☐ Yes ☐	
f) Diabetes mellitus, cancer or tumourg) Unexplained night-sweats and/or lo	of any kind, or any diseases of second weight, persistent fever of	the blood, glar hronic or recur	ids, spleen, ears, eyes oi rent diarrhea unexplair	skin? ned infections			☐ Yes ☐	No
or swollen glands?	ss or weight, persistent rever, e		rene diarinea, anexpian	ied imeedions			□ Yes □	No
h) Any other diseases or ailments not n				1				
4. Have you or any of your immediate family stroke and at what age? Prior to age 60?	y members (father, mother, bro	itner, or sister)	nave/nad cancer, neart	attack, or			□ Yes □	Nο
5. Have you ever had or been advised to have hospital treatment or surgery?					□ Yes □			
6. Have you ever had or been advised to hav	e a blood test for AIDS or an AII	DS-related con	dition or have you ever	been refused			- V -	N
	as a blood donor? In the past 5 years, have you consulted a physician for any reason or have you had any investigation such as blood or urine tests,						☐ Yes ☐	No
X-rays, electrocardiograms, ultra sonogra	ms, CT scans or biopsy, other th	nan for routine	employment or immigi	ation purposes?			□ Yes □	No
Have you ever received or do you now receive any personal accident, disability benefit, or disability-related payments?					☐ Yes ☐			
, , , , , , , , , , , , , , , , , , , ,	 Are you at present or any time in past were on any medication, special diet, or treatment? Have you ever taken narcotics or other habit forming drugs or been treated or advised in connection with your alcohol consumption 			on		☐ Yes ☐	No	
or the taking of drugs?						□ Yes □	No	
11. Do you participate or do you intend to par		s or activities s	such as motor sports, cli	mbing, parachuting	,			NI-
3 3 3	hang-gliding, or aviation except as a fare-paying passenger? 12. Are you pregnant (for female only)? If yes, please state how many months. Please state if you had any pregnancy related					☐ Yes ☐	NO	
complication during your previous pregna	complication during your previous pregnancy/delivery?				□ Yes □	No		
13. Have you smoked or used any substance or product containing tobacco, nicotine or marijuana? If yes, please state duration and average daily consumption and type:				☐ Yes ☐	No			
14. Have you or any of the persons proposed		d as Covid pos	itive?				□ Yes □	— No
15. Name and address of your regular medica								
If you answered "yes" to any of the questions n	numbered 1 to 1F (in Costion 2	Llaalth Ctatus	places share details in	h alaur tahla				
in you ariswered yes to any or the questions if	מווושפופט ו נט וש (ווושפננוטווש	i icaitii Status),	, piease silate détails III	PCIOM IQNIC				
	1			1		1		_
Name of the person	Name of the Illness /ir suffered / suffering in th		Treatment details	Date first	Current Status Illness/Disease		Vaccinated against COVID-19? (Yes/No)	
	surfered / surfering in ti	ie bast	uetalis	treated	IIII IESS/ DISEase	s/irijury	COVID-13: (les/No)	_
Payment Details								
Cash Cheque Cash	DD Credit Card	Debit	t Card					
Amount Amount	Transaction No.		action Date	Darl	Name		Branch	\neg
Amount	HallSacholl INO.	IIdNS	action Date	DdflK	INGILIE		DIGITOR	4



Declaration*

- I 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 1. complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- 2 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement
- I/We hereby authorize and give my/our consent to Company to collect my/our personal and medical information/data available in my/our Ayushyman Bharat Health Account (ABHA). Further I/we hereby authorise Company to use/share the information/data, pertaining to my proposal and/or collected from my/our ABHA, with reinsurer, Service Provider and or with any Governmental and/or Regulatory authority, for the sole purpose of proposal underwriting and/or claims settlement and or to comply with applicable laws/regulations.

Date/	Signature/ Thumb Impression of the Proposer
Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully contract**	inderstood the significance of the proposed
Date//	
Place: *Please read declaration wordings carefully before signing the proposal form.	Signature (On behalf of Proposer)

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (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 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 punishable with fine which may extend to rupees ten lakh.



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. 🔀

^{**}This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.



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.