## Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
CIN-U66010PN2000PLC015329 UIN-BAJHLIP23069V032223, BAJHLAP21586V012021, BAJHLIA24087V022324, BAJHLIA23141V012223

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.			

## **EXTRA CARE PLUS: Proposal Form**

## Instructions For Filling Up The Form:-

- Please answer all questions in BLOCK letters.
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

  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

Proposer Details	be accepted.										
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2. Are you an exis	sting Bajaj Allianz	Customer	r: Yes / No	If yes, please men	tion the Policy N	o: OG					
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	ge 60 years or after 60 ye	ars?	D.L.C. III	:// D		D: N		A. 1.	A 311 CC 1	
Member N	lame		Relationship with Proposer			Disease Name			At what Age illness suffered	
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## 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.
•	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 priva cy policies and subject to appropriate measures being in place to safeguard my/our personal information.  Yes / No