Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP20147V021920
For more details, log on to : **www.bajajallianz.com** or
call at : **Sales - 1800 209 0144 / Service - 1800 209 5858** (Toll Free No.)

Caringly yours

BAJAJ | Allianz

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:-

1. Please answer all questions in BLOCK letters.
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 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 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 Aadhaar Card _____
2. Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG _____
3. Gender: ☐ Male ☐ Female ☐ Other
4. Date of Birth (D D 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 ☐ Widowed
9. No. of Children _____Sons _____Daughters
10. Occupation ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ House Wife ☐ Retired ☐ Others

11 Correspondence Address: (All the communications will be sent to the below address)

House No. | House Name
Landmark/Locality
Road/Area Name
City/District
State | Pin Code
Mobile | Tel.
Email

12. Educational Qualification: ☐ Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionally Qualified
13. Family Monthly Income: ☐ Up to Rs. 20,000 ☐ Rs. 20,001 to Rs. 50,000 ☐ Rs. 50,001 to Rs. 1 lakh ☐ Above Rs. 1 lakh
14. Nationality
15. Policy Period : ☐ 1 year ☐ 2 year ☐ 3 year
16. Payment Mode: ☐ Full Payment ☐ Installment Payment ☐ Monthly ☐ Quarterly ☐ Half Yearly (if opted Installment payment mode)

17. Please select the Sum Insured option, Deductible & Air ambulance option in the below table

Sum Insured	Aggregate Deductible Options				Air Ambulance Cover Sum Insured (in INR) ☐
300000	☐ 200000	-	-	-	200000
500000	☐ 200000	☐ 300000	-	-	500000
1000000	☐ 200000	☐ 300000	☐ 500000	-	500000
1500000	-	☐ 300000	☐ 500000	-	1000000
2000000	-	☐ 300000	☐ 500000	☐ 1000000	1000000
2500000	-	☐ 300000	☐ 500000	☐ 1000000	1000000
5000000	-	☐ 300000	☐ 500000	☐ 1000000	1000000

18. Details of persons to be insured

Member Name	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Gender (M/ F)	Height (cms)	Weight (Kgs)	Nominee	Nominee Relationship with Insured

19. Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption?

20. 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