

[illegible]

Optional Cover Details

You may opt for the following Optional Covers on payment of additional premium.

Member Name	Accidental Hospitalization Expenses	Adventure Sports Benefit*		Air Ambulance Cover	Children's Education Benefit**	Coma Due to Accidental Bodily Injury	EMI Payment Cover***
	Sum Insured	Death Sum Insured	PTD Sum Insured	Sum Insured	Sum Insured	Sum Insured	Sum Insured

Member Name	Fracture Care	Hospital Cash Benefit	Loan Protector Cover****	Loss of Income due to Disability from Accident	Road Ambulance Cover	Travel Expenses Benefit*****
	Sum Insured	Per Day Benefit	Sum Insured	Weekly Benefit Amount	Sum Insured ₹25,000	Sum Insured ₹25,000

☐ Health Prime Rider | Co-Pay: ☐ YES ☐ NO

☐ Individual ☐ Floater Plan Option _____
Loan Account Details (Please fill in details in case of Loan protector cover and EMI Payment cover):-

Bank Name: _____ Address: _____

Type of Loan: _____ Loan Account Number: _____

Sanctioned Loan Amount: _____ Loan Period: _____ EMI (Rs.): _____

- Note:
- **Adventure Sports Benefit** can be opted only if the Proposer has opted for Section I – Death Cover AND/ OR Section II: Permanent Total Disability
 - ***Children's Education Benefit*** can be opted only if the Proposer has opted for Section I – Death Cover AND/OR Section II – Permanent Total Disability
 - ****EMI Payment Cover**** can be opted only if the Proposer has opted for Section 3 – Permanent Partial Disability (Loan Sanction Letter to be submitted mandatorily.)
 - *****Loan Protector Cover***** can be opted only if the Proposer has opted for Section 1 – Death AND/OR Section II Permanent Total Disability (Loan Sanction Letter to be submitted mandatorily.)
 - *****Travel Expenses Benefit***** can be opted only if the Proposer has opted for Accidental Hospitalization under optional cover's

EXISTING INSURANCE DETAILSAre the persons insured under the policy, already insured under any similar kind of cover? ☐ Yes ☐ No

Coverage	Name and Address of Insurance Company	Policy Number	Sum Insured	Period of Insurance
				From: DD/MM/YYYY, To: DD/MM/YYYY
				From: DD/MM/YYYY, To: DD/MM/YYYY

Payment DetailsMode of Payment: ☐ Cheque ☐ DD ☐ Cash ☐ OthersCheque - Given by: ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Employer/Employee ☐ FinancierTo 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. ☐***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 complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- 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 authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Proposed Policy Period: From: DD/MM/YYYY, To: DD/MM/YYYY Date:

Signature of Proposer

INSURANCE ACT, 1938 SECTION 41 - 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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.

* Please read declaration wordings carefully before signing the proposal form.

Bajaj Allianz General Insurance Co. Ltd | Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113.

Website: www.bajajallianz.com | Call: 1800-209-0144/1800-209-5858 | SMS:GPG To 56070 | E-mail: bagichelp@bajajallianz.co.in

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. ☐ Yes / ☐ No
- 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