

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.

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL): 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

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/Unique ID:

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 a) Permanent / Residential Address11

b) 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

Tel.

Mobile

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. In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email

15. Nationality

16. Policy Period ☐ 1 year ☐ 2 year ☐ 3 year

16 a) Are you or any of your family members registered under the Ayushman Bharat Yojana? ☐ Yes / ☐ No

If yes please share your Ayushman Bharat Health Account Number (ABHA)in the below table

Details of persons to be insured

Member Details	ABHA Number (14 Digits)	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Gender (M/ F)	Gross Monthly Income	Nominee	Nominee Relationship with Insured

Base Cover Details

It is mandatory to opt for at least one of the Sections (Section I – Death, Section II- Permanent Total Disability, and Section III- Permanent Partial Disability)

Member Details	Occupation	Any Existing Disability/ Infirmary	DEATH	PERMANENT TOTAL DISABILITY	PERMANENT PARTIAL DISABILITY
			Sum Insured	Sum Insured	Sum Insured

## 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 DETAILS

Are 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 Details

Mode 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

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App – <http://onelink.to/v9zp7c>, WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS “WORRY” to 575758, Email – [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in), website – <https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.