Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP23210V042223 | UIN: BAJHLAP21586V012021
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.

HEALTH CARE SUPREME - 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 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 insured or our 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_____

10 a) Are you or any of your family members registered under the Ayushmaan Bharat Yojana?If yes please share your Ayushmaan Bharat Health Account Number (ABHA)in the below table ☐ Yes / ☐ No

11 A) PERMANENT / RESIDENTIAL ADDRESS

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

11 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.(Res.)
Tel.(Office)
Mobile Number
E-Mail

12) Educational Qualification: ☐ Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionally Qualified

13) Family Monthly Income: ☐ Up to ₹20,000 ☐ ₹20,001 to ₹50,000 ☐ ₹50,001 to ₹1 lakh ☐ Above ₹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 years ☐ 3 years

17) Payment Mode: ☐ Full Payment ☐ Installment Payment (if opted installment payment mode ☐ Monthly ☐ Quarterly ☐ Half Yearly)

Medical Expenses Section :- Details of the persons to be insured

Sr No	Name	DOB (dd/mm/yy)	Age	Gender (M/F)	Ht (in cms)	Wt (in kgs)	Occupation	Relation	Nominee	Relationship of Nominee

18) Period of Insurance: From To D D M M Y Y Y Y D D M M Y Y Y Y

Add On Covers – Optional (please tick option opted for and mention sum insured in table given below)

a. Ancillary Expenses Benefit Section:- Yes ☐ No ☐
b. Critical Illness:- Yes ☐ No ☐
c. Personal Accident:- Yes ☐ No ☐
d. Non-Medical Expenses Cover (Rider) Yes ☐ No ☐

19) Policy Type - ☐ Individual ☐ Floater

20) Sum Insured Table:

Sr No	Name	ABHA Number	Hospitalisation Section	Ancillary Expenses	Critical Illness	Personal Accident*

*For dependent family members the maximum Sum Insured under Personal Accident would be Rs 5lacs.

**Note- 1. This rider can be availed on payment of extra premium

2. If opted, this rider will be applicable for all family members.

21) Do you have any other Health policy/policies, Personal Accident Policy/policies (with us or any other insurer) if yes, please provide the details in the below table. If opting for portability, please fill the portability annexure

Name of Insured	Name of Insurance Company	Details of previous health insurance policy / policies no	Sum Insured	Period of insurance		First policy inception date
				From MM/DD/YY	To MM/DD/YY	

22) Medical history:-

Questions	Yes / No
Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and prior to 4 years and have been taking treatment, regular medication (self/ prescribed)or planned for any treatment / surgery / hospitalization?	
Have any of the proposed insured's ever been diagnosed with or advised to seek treatment for any one or more from the following: heart disease, Diabetes/ raised blood sugar, High blood pressure/ Hypertension, Circulatory disease?	
Paralysis, cancer, Disease of kidney, Liver, Stomach, Intestine, brain, Lung or joint disorder, mental illness, Congenital/ Birth defect ,Physical deformity, or HIV/AIDS	
Disorders of eye, ear, nose or throat, Gland disorder such as thyroid, Blood disorder or disorder of reproductive or urinary system	
Any other illness, impairment, disability or surgery not mentioned above?	
Have any of the proposed insured's Parents, brothers or sisters had heart disorders, cancer, Diabetes, neurogical or mental disorder, hereditary or chronic disorder?	
Is any of the proposed insured currently taking any medication/ treatment for any disease or disorder?	
Is any of the proposed insured currently pregnant?	
Has any proposal for life, critical illness ,health and accident related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details	
Have you or any of the persons proposed to be insured were/are detected as Covid positive?	

23) Additional information:- If you have answered yes in any of the above questions please furnish details:-

Member Name	Name of the Illness/ injury suffered / suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury	Vaccinated against COVID-19? (Yes/No)

24) Have any of your immediate family members (father, mother, brother or sister) have/ had diabetes, hypertension, cancer, heart attack, or stroke and at what age? If yes, was it before age 60 years or after 60 years?

Member Name	Relationship with Proposer	Disease Name	At what Age illness suffered

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

26) Payment Details: ☐ Cash ☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card

Amount	Transaction No.	Transaction Date	Bank Name	Branch

Declaration*

1. 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.
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.
3. 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.
4. 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.
5. 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 ____ / ____/ _____

Place :_____

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 understood the significance of the proposed contract**

Date ____ / ____/ ____

Place: _____

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

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

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.

GoGreen

To support our Go Green initiative, we will send the policy copy on your email. This is a digitally signed valid document.

Please confirm if you still want to receive the physical hard copy of insurance policy ☐ **Yes** ☐ **No**

ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mr: _____

sum of Rs. _____through Cash# / Cheque / DD / Credit Card / Debit Card No. _____against your proposal for Health Policy.

Signature of Bajaj Allianz Official/ Intermediary:_____Date:_____Time:_____Place:_____

Bajaj Allianz Official / Intermediary Name: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion

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, website – https://www.bajajallianz.com/general-insurance.html , contact your agent or nearest branch.