Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329 | UIN: IRDAI/HLT/BAGI/P-H/V.II/113/16-17 For more details, log on to : **www.bajajallianz.com** or



call at : Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

For Offic	e Use Only :			For Age	nt Use Only :							
Scrutiny	No. Re	eceipt No.	Policy No.	Loan Ac	count Number	Emp/LG Code	IMD Cod	e	Sub IMD Coc	le I	MD Name	Mobile No.
					HEALTH	GUARD : P	ROPOSA	L FOR	M			
HEALTH GUARD : 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.												
Ргор	oser Details											
1.	Full Name: Middle Nam Is your name		above as per y	your Aadha	」 ┃		Name	Name a	as per Aadhaa	r Card		
2	Are you an e	victing Baiai	Allianz Custor	oor:Vos/	No If yes please	mention the Polic	v No: OC					
2. 3. 5. 7. 8. 10.	5. PAN No.											
											nications will be se	nt to the below address)
Hous Land Road City/I State Pin C Tel. Mobi Emai 12. 13. 14. 15. 17.	Mobile Mobile Mobile Mobile Email Imail <											
	 18 Co pay Discount: Yes No (If yes please choose from below options) 10% 20% Note:If opted voluntarily by the Insured then Insured will be eligible of additional 10% or 20% discount respectively on the policy premium. In case of a claim has been admitted under In-patient Hospitalisation Treatment then, the insured person shall bear 10% or 20% respectively of the eligible claim amount payable under this cover. 19. DETAILS OF PERSONS TO BE INSURED 											
					Relationship	Date of Bir	th	Gende	er Hojcht	Mojakt		Nominee
	Memb	er Name			with Proposer	Date of Bir DD/MM/YY	I Ane	(M/ F	1 5	Weight (kgs)	Nominee	Relationship with Insured

Bajaj Allianz General Insurance Co. Ltd.

Caringly yours

BAJAJ Allianz 🕕

Plan Details:			
Member Name	Plan opted (Silver/Gold)	Sum Insured (individual)	Sum Insured (floater)

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 21) details
- 22) Has any of the persons to be insured suffer from/or investigated for any of the following? Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV. □ YES □ NO
- 23) 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? (Please provide details in the table given below) □YES □NO

If the reply is YES for question 22 and 23 please share details in below table

Member Name	Name of the Illness/injury suffered /suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury

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? TYES NO

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) Payment mode
Full Payment
Installment Payment

lf Installment Payment Mode is opted, please provide below details: 🗆 Monthly 🗆 Quarterly 🗆 Half Yearly 🗆 Annual

Payment Details 🗆 Cash 🗆 Cheque 🗆 DD 🗆 Credit Card 🗆 Debit Card 26)

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. 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

3. 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.
- 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 5. the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date _/__ _/ _

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 :

2

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.

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-	ACKNOWLEDGEMENT:						
F	Received from Ms. / Mrs. / Mr:						
S	um of Rs.	through Cash# / Chequ	e / DD / Credit Card / Debit Card No		against yo	our proposal for Health Policy	<i>y</i> .
S	ignature of Bajaj Allianz Official/ Inter	rmediary:	· · · ·	Date:	Time:F	Place:	
E	Bajaj Allianz Official / Intermediary Na	ime:					
N	lote. Neither the submission of a completed n	proposal for insurance or any payment for any r	olicy sought oblige the Company to agree to i	issue a policy which decisi	on is and always shall be in the Con	nnany's sole and absolute discretio	'n

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 – <u>http://onelink.to/v9zp7c</u>, 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 – <u>bagichelp@bajajallianz.co.in</u>, website – <u>https://www.bajajallianz.com/general-insurance.html</u>, contact your agent or nearest branch.