



Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113  
CIN: U66010PN2000PLC015329. UIN: BAJHLIP22019V022122

For more details, log on to : [www.bajajallianz.com](http://www.bajajallianz.com) or  
call at : Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

[illegible]

### 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.

1.	Full Name:	Title											First Name										
	Middle Name											Surname											
2.	PAN no.											UID/Unique ID:											
<b>3. Address</b>																							
House/Office No.					House/Office Name																		
Landmark/Locality																							
Road/Area Name																							
City/District																							
State												Pin Code											
<b>4. Mobile</b>					<b>Tel.</b>																		
<b>5. Email</b>																							

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

7. Please confirm type of policy you want to opt for ☐ Individual ☐ Family Floater

**8. Sum Insured Options**

<input type="checkbox"/>	10,000	<input type="checkbox"/>	15,000	<input type="checkbox"/>	25,000	<input type="checkbox"/>	50,000	<input type="checkbox"/>	75,000
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Member Details	ABHA Number (14 Digits)	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Gender (M/ F)	Have you suffered from Dengue/Malaria/Filariasis/Kala Azar/Chikungunya/Japanese Encephalitis/Zika in the past 3 months (Yes/No)	Occupation	Nominee	Nominee Relationship with Insured
<<Member 1>>									
<<Member 2>>									
<<Member 3>>									
<<Member 4>>									
<<Member 5>>									
<<Member 6>>									

Amount:	Bank/Name:	Cheque No.:	Cheque Date:	Branch:

**Payment Details**

Mode of Payment: ☐ Cheque ☐ DD ☐ Cash ☐ Others  
Cheque - Given by: ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Employer/Employee ☐ Financier



To 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/ We 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/ We am/ are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the Individual Policy/floater Policy, and the proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after Company's full receipt and realization of the premium chargeable.

I/ We further declare that I/ we will notify in writing any change occurring in the occupation or general health of the Insured Person(s) to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. Upon renewal of Policy, I/We agree to abide by the standard Terms and Conditions, unless otherwise mentioned by the Company in renewal Policy Schedule or attachments thereto.

I/ We declare and consent to the company seeking medical information from any doctor or from a hospital/institution who at anytime has attended on the Proposer/Insured Person to be insured or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any reinsurer, Governmental and/or Regulatory authority.

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 in the language known to him and that he/they have fully understood the significance of the proposed contract\*\***

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_

Signature (On behalf of Proposer)

\*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 or if the Prospect/Propose is not knowing English.**

**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 or continuing 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 liable for a penalty which may extend to ten lakh rupees.

**ACKNOWLEDGEMENT:**

Received from Ms. / Mrs. / Mr. \_\_\_\_\_ through Cash# / Cheque / DD / Credit Card / Debit Card No. \_\_\_\_\_ against your proposal for Health Policy.  
sum of Rs. \_\_\_\_\_  
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/judicial /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.