

For Office Use Only :
For Agent Use Only :

Scrutiny No.	Receipt No.	Policy No.	IMD Code	Sub IMD Code	IMD Name	Mobile no.	Emp/LG Code

PERSONAL CARE INSURANCE POLICY PROPOSAL FORM

Important:

1) Personal Care Insurance Policy is offered by Bajaj Allianz General Insurance Company Limited to persons who have bought a car by taking a car loan as a principal loan borrower from a financial institution/company and are in the age group of 18 years to 65 years and do not belong to the following categories: a) Military, Paramilitary or Police Personnel; b) Alcoholics or persons habitually under the influence of drugs; c) Persons undergoing treatment for epilepsy irrespective of origin; d) Persons engaged in the following occupations: workers in underground mines/electric installations with high tension supply, jockey, circus performers, big game hunters, mountaineers, professional river rafters and similar occupations.

2) It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

PROPOSER DETAILS

1) Name of the Proposer:

2) Gender: Male Female 3) Date of Birth:

4) Correspondence Address:

5) Telephone Number: Landline: 6) Mobile:

7) E-mail ID: @

8) Occupation: 9) Monthly Income (in Rs.):

CAR LOAN DETAILS

1) Name of the Financier:

2) Loan Account Number:

3) Loan Tenure (in years): 4) Loan Amount (in Rs.): 5) EMI (in Rs.):

6) Car Registration No.:

NOMINEE DETAILS

1) Name of the Nominee :

2) Gender: Male Female 3) Date of Birth:

4) Relationship to the Proposer:

If Nominee is a Minor, please provide the following details w.r.t. Appointee who should be a Major as on date of this application and should be different from the Proposer.

1) Name of the Appointee:

2) Gender : Male Female 3) Date of Birth :

4) Relationship to the Nominee:

DETAILS OF ANY OTHER EXISTING PERSONAL ACCIDENT POLICY

Sr. No.	Policy Number	Name and Address of Insurance Company	Period of Insurance: From (DD/MM/YY) To (DD/MM/YY)	No Claim Bonus (%)	Claim Received / Receivable (in ₹)	Claimed for (Nature of Problems)
1						
2						

