

SANKAT MOCHAN - PROPOSAL FORM

- ## Proposer Details

Is your name mentioned above as per your Aadhaar Card? : ☐ YES ☐ NO If No, Please mention the Name as per Aadhaar Card _____

- #### Insured Details :

PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including proposer)

Coverage required (along with Basic/Wider/Comprehensive) - Medical expenses ☐ Hospital Confinement ☐

- Renewal members of age 66 years and above, will be offered to get covered under Plan 1-3. Lifetime renewal benefit would be extended under these plans.

SANKAT MOCHAN PLANS (*Premiums are exclusive of GST)

Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Basic	200000	100000	0	0	0	0	0	0
Wider	0	0	100000	0	200000	0	0	300000
Comp	0	0	0	100000	0	200000	200000	0
Acc Hosp.	100000	50000	50000	50000	100000	100000	100000	100000
Acc Hosp Cash	0	1000	1000	1000	1000	0	1000	0
Final Premium Risk class 1*	240	470	525	575	650	450	750	450
Final Premium Risk class 2*	270	485	550	625	700	550	850	525

Plans	Plan 9	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 15	Plan 16
Basic	0	0	0	0	0	0	0	200000
Wider	300000	0	0	0	0	0	0	200000
Comp	0	300000	300000	500000	500000	500000	500000	200000
Acc Hosp.	100000	100000	100000	100000	100000	200000	200000	200000
Acc Hosp Cash	1000	0	1000	0	1000	0	1000	1000
Final Premium Risk class 1*	750	600	900	900	1200	1050	1350	1190
Final Premium Risk class 2*	825	750	1050	1150	1450	1300	1600	1370

16. Has any company declined to issue/ r e new a policy for any of the persons proposed for Insurance? ☐ Yes / ☐ No

If yes give details: _____

17. Are you covered under any other Personal Accident Policy? ☐ Yes / ☐ No

If yes please provide the policy and claim details _____

Nominee details

18.	Name	Nominee*	Name of Nominee	DOB/Age	Relation*	% of Sum Insured
	Self	Nominee 1				
		Nominee 2				
		Nominee 3				
		Nominee 4				

*Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others"
If Nominee is "Others" please specify _____.(For members other than Self 100 % Nomination to the Proposer only)

19. Do you have a vehicle: ☐ Yes / ☐ No if yes vehicle make _____ Model _____ Year & month of purchase _____

20. Policy period: From

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 To

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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 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.

Date ____ / ____ / ____

Place : _____

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.

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.

ACKNOWLEDGEMENT:

Received from Ms. / Mrs. / Mr: _____ 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 Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC. ☐ Yes / ☐ No

- I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required. ☐ 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