Bajaj Allianz General Insurance Co. Ltd.

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

UIN: U66010PN2000PLC015329, BAJHLIP21184V022021, BAJHLIA23141V012223

For more details, log on to: www.bajajallianz.com or

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



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	Scrutiny No. Receipt No.	Policy No.	Loan Account	Number	Emp/L	G Code	IMD Co	ode	Si	ub IMD	Code		IMD Na	me		\perp	Mobi	e No.	
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	Instructions For Filling Up The Form 1. Please answer all questions in 2. The Liability of the Company of 3. This Proposal will be the basis ACCURATELY and that you propound in the company of the c	BLOCK letter loes not com of any subsect ovide us with	mence until this F quent policy that v	Proposal h we issue t	o you. It is th	epted by th	ne Compar sential tha	ny and t you	d premiu provide :	all the ir	nformat	ion in							
	Proposer Details	, teu																	
	1) Full Name: Title Middle Name Is your name mentioned abov	e as per you	 ır Aadhaar Card			Sui	st Name rname mention	the	 Name a	s per A	adhaa	Card							
	2) Are you an existing Bajaj Allianz (Customer: Ye	es / No I f yes, plea	ase ment	ion the Pol	icy No: OG													
	3) Gender: Male Female 6) UID/Aadhaar no. Married 8) Marital Status: Married	Other Single	4) Date	of Birth		M M Y aj Allianz E O) No. of C			g, if Prope	oser is I	AN No. BAGIC/l aughte		Employe	ee [
	10) Occupation Business	Salaried	Profession	nal 🔲	Student	Hous	se Wife		Retired		Other	S							
	10 a) Are you or any of your family r share your Ayushmaan		istered under the	ىـــــ Ayushma	an Bharat Y	ىــــ ojana?If yes			Yes	/	No								
	11 a) Permanent / Residential Ad					11 6	o) Corresp	onde	ence Ado	dress: (/	All the co			ll be se	nt to the	below	address		
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	12) Educational Qualification:	Matriculate	e 🗍	Under Gi	raduate	' '	Gradu	ate _			Pos	t Grad	uate	T	Pro	fessio	nally Q	ualifie	 ∙d
	13) Family Monthly Income:	Up to Rs. 2	0.000	Rs. 20.00	1 to Rs. 50,	000	- - - - - - - - - - - - - -	.001 1	o Rs. 1 la	akh [=		1 lakh		_				
	14) In case of any Offer, you would] '	·	Pho)National	1								1			
	16) Policy Period: ☐ 1 year ☐ 17) Payment Mode: ☐ Full Payme	2 years □ ent □ Insta	□ 3 years						/lonthly	□ Qu	ıarterly		Half Year	ш і -ly)					
_	18) DETAILS OF PERSONS TO BE IN:	SURED																	
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Tax Gain 18,690 (D)*

(*Premiums are exclusive of GST)

Tax Gain 14,015 (C2)*

19) Co-Payment (Waiver for non-network Hospitals)

(18-55 Yrs)

(56-75 Yrs)

Yes No

Self

Self

Self + Spouse

Self + Spouse

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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 corporation 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.
•	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.
•	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.