Bajaj Allianz General Insurance Co. Ltd., Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. Reg No.: 113 CIN: U66010PN2000PLC015329 UIN : IRDAN113RP0025V01200102





Scrutiny No.	Receip	ot No.			Policy No.						IMD	Code	Su	Sub IMD Code			IMD Name			Mobile No.				E	mp/l	_G Co	ode
				PR	IVAT	- CAI	r P/	ACK	AGF	= P(		CY - PR	OP	OSA	L FC		Л			-							
1. Please answer al	questions in E	BLOCK	letters															sal h	as b	een	acce	pted	l by	the	Com	bany	and
	premium has been paid 3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in the information is the information in the informatio																										
the risk or the terms					ovide u	S WILL	any	anu	allau	ann	onai	Intorna	lioni	eleva		1151		e in:	sure	uoro	Jura	ecisi	011 d	IS LO	acce	ptan	Le oi
Proposer Details																											
1) Full Name: Title	e											First	Nam	ne													
Mic	ldle Name			_ 								Surr	ame														
2) Are you an existi	ng Bajaj Allianz	Custo	mer: Y	es / N	No Ify	es, pl	ease	mer	Ll ition	the	Polic									I				<u> </u>			
Is your name mer	ntioned above	e as pe	er you	r Aac	dhaar	Card?	):	YE	S	No	o If I	No, Ple	ase i	nent	tion t	the	Nar	ne a	is pe	er Aa	adha	ar C	Card				
3) Gender: Male	Female		ther [	 ר								4) Dat	e of I	Birth	: [[		D	M	M					Y			
5) PAN No.												6) Aad								」 [_ 							
7) Bajaj Allianz Empl	ovee Code if P	ronose	or is BA(		ALIC Fr	nnlove	. م								L												
	_	_				npioy	L						]									٦					
8) Marital Status: 10) Occupation :	Married Business	Sin 🗌	0		Drofos	cional	,		of Chi			Sons Sons				1	Dau	ghte									
11a) Permanent / R			balarieu	, []	Profes	SIONAI		j Stu	uent	L	_] H0	use wit	e		Retire	a		] 01	thers	5							
House No & Name																											
Landmark/Locality																											
Road/Area Name												City															
State																			Г Рі	in Co	de						
11b) Corresponden	State Pin Code Pin Code Internations will be sent to the below address)																										
House No & Name																											
Landmark/Locality					1																						
Road/Area Name												City															
State																			Pi	n Co	de						
Telephone (Res.)											Tele	phone (	Offic	e)					]								
Mobile Number							<u></u> Е-	Mail						- /					] (	 @							
12) Educational Qua	alification: 🗌 I	Matric	ulate		Under	Gradu	] ate		Grad	uate	e 🗆	Post G	radu	ate [	Pr	ofe	ssior	nally	Qua	lified	:						
13) Family Monthly						ks. 20,								)1 to							s. 1 l	akh					
14) In case of any O		•	-				Pho			Em			,														
Vehicle & Cover D	)etails																										
1) Period of Insuran	ce: From:	DD	M	M	Υ	Y	Y	To:	D	D	M	МY	Y	Y	Y	2) L	icen	ce Ty	/pe:		Per	rmar	nent		] Lea	rning	3
3) Renewal of the P		e allow	/ed wit	hout	availab	ility o	fava	alid F	PUC	Certi	ificat	e* of th	e Veł	nicle (	(*Not	: Ар	plica	ble t	ill O	ne Ye	ear fr	om	the	date	of fi	rst	
registration of th Do you have valid	,	:e? Ye	s		No 🗌	٦																					
4) Age at which you									5)	Reg	gistra	tion No.	:														
6) Date of Registrat	ion : DD	MI	MY	Y	ΥY	,			7)	Reg	gistra	tion Au	thori	ty :													
8) Year of Manufact	ure: Y Y	Y	Y						9)	Dat	te of	purchas	e of t	the ve	ehicle	e by	You	:		D	D	M	Μ	Y	Y	Y	Y
10) Whether the ve	hicle was New		 or Seco	nd Ha	and	at tl	he tiı	me o	f pur	cha	se														-	-	L
11) Engine no:										C	hassi	s No:															
12) Make:										N	/lode	:															
Subtype :													·	•													
13) Cubic capacity	:			Seatir	ng capa	acity:	Drive	 er (1	) +																		
14) Fuel Used:	Petrol 🗌 [	Diesel	🗌 LP	G	CNG		Elec	tric		Any	othe	r		15) I	Kilom	iete	r rea	ding	as c	on da	ite						
16) Whether any n										-												_					
If yes, please g								_																			
17) Is the vehicle f	tted with anti-	theft d	evice:		Yes		No																				

18) Do you own another Car: Yes No If yes, please provide Vehicle Make\_\_\_\_

\_and Model\_

10) Unotheration Dataily Name of Figure															BA.			ianz	(1)
19) Hypothecation Details: Name of Financia Loan Account Number:															(aring 	gly yo 	wrs-		
Past Insurance Details																			
1) Name and address of the previous ins	surer																		
2) Previous Policy Number								Policy	y exp	iry da	ate :		DD	M	Μ	Y	Y	Y	Y
3) Claims taken in previous policy: Ye	es 🗌 No 🗌		If Y	es, No	. Of Cla	aims				С	laim	Amo	unt:						
4) NCB Earned on last policy (if applicab	le):	% (Pleas	e attach	a cop	y of re	newa	al noti	ice fro	m th	e pre	viou	s insu	rer)						
Driver Details			7.4		6			M	6										
The vehicle would be driven by: You Please give details of main drivers/ name	u, the propose ed drivers refer			ina ioi	ur Spoi	use	YO	u, You	r Spc	ouse	and a	iny ot	ner p	berso	n na	mea	beic	w.	
Sr. Name in Full	Relationship		Date o	f Birth	0	Dccup	oatior	n P	10. o		/ing				-	from infirn			
1	the Propose	er							Y	ears				lisea	se /		iity		
2																			
a case of additional drivers, kindly attach a separate sheet.																			
Proposed Coverage																			
<ol> <li>Additional Compulsory Deductible App</li> <li>Whether geographical area extension t</li> </ol>		g countri		wired?	)														
🗌 Bangladesh <sub>,</sub> 🗌 Bhutan,	Maldives,		Nepal,		🗌 P	akist	an,		Srila	inka	(Plea	se tic	k whi	chev	er ap	oplica	ıble)	)	
3) Documents attached: Cover Note	e 🗌 Renev	val Notic	e 🗌 P	Policy (	Сору		Inspe	ction I	Repo	rt 🗌	] Reg	gistrat	ion C	ertifio	cate		Dec	larat	ion
PA Owner Driver : Nomination Details 1) Personal Accident Cover for Owner -Driver	is compulson	nder Driv	ate Car /T			ackar			aco al.	ve th	a data	ails of	Nomi	natio	nç				
a) Name of the Nominee:									lsegr						15.		Τ		
	ship of the Nom	inee to th	e Owner	-Driver	·· [												Ť	T	
d) Name of the Appointee (required only if th																	+	+	
e)Relationship of the Appointee to the Nomir				+							$\pm$		+				$\pm$	+	۲
Note: a) Personal Accident cover for Owner-Driver cannot be granted where a vehicle is owned by a co	mpany, a partners	hip firm or a	small boo	dy corpo	orate or v	where											Own	ier-Dr	iver
<ol> <li>Do you wish to Opt for Personal Accident If Yes, give name &amp; Capital Sum Insured (CS)</li> </ol>		eu Person	5.	Yes		10													
Sr. No. Name			CSI O	pted (F	Rs.)			I	Nomi	nee					Relat	ionsh	ip		
(Note 1: In Case of additional persons, kindly attach a separat Premium Calculation Table	te sheet.2)As per the j	provisions of	IMT 15, the	maximur	n Sum Ins	ured a	vailable	per perso	on is Rs	1 lakh i	n case o	of Two w	heeler	& Rs 2 I	akhs in	i case of	Priva	te Car.)	)
														-					
(A) Insured Declared Value (IDV) of the ver	nicle				of Electi									_					
(B) Value of CNG/LPG kit			(D)	Value c	of Non-	Electi	rical A							_					
			_					тс	DTAL	IDV ii	n Rs (	A+B+	C+D)	_					
Own Damage	A	mount	Liab	oility										_		Am	ount	:	
Own Damage @%			Basi	ic TP Co	over														
CNG/LPG kit			(-) T	PPD Re	estrictio	on (St	atuto	ry limit	of R	s. 600	)0)								
Electrical/Non-Electrical Accessories			CNG	6/LPG															
(-) NCB @%			PA f	or Own	ner-Dri	ver													
(-) Voluntary Excess of Rs			PAf	for Pas	senger	s													
(-) Commercial Discount @%	(-) Commercial Discount @%								ion (F	₹s.)									
Add-on Package Opted:		Number of persons																	
Package Name :			Lega	al Liabi	lity to F	Paid D	Driver												
			Lega	al Liabi	lity to c	other	emplo	oyees											
						Nu	umbei	r of em	ploye	ees									
	TOTAL											т	DTAL						
Net Premium (Own Damage + Liability)																			
GST@%																			
Gross Premium															_	<u> </u>			
														Р	age	2 of 3	3		



Pay	 ~ ~		***	
Pav	 en	DIE:		15
	 ~	_		•••

Payment Details					
Mode of Payment: Cheque	DD	Cash	Others		
Cheque - Given by: Spouse	Father	Mother	Son/Daughter	Employer/Employee	Financier
				jistered mobile number / ema ical copy of your insurance po	

## Declaration

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that to the best of my personal knowledge and belief that the vehicle is in sound and roadworthy condition. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof. The statements and particulars given in this Proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form are complete, true and accurate to the statements and particulars given in this proposal form are contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company.

□ I/We hereby agree and undertake that I/we are agreeable to receive one page policy document without enclosing the T & C of policy and I hereby authorise company that all T & C of policy can be displayed in the website of company that enables access by me/us if I/we want to know the terms and conditions of policy displayed on website. The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/we agree to the same.

"(Please tick in case same is agreed by you)"

I / We have read and understood the Privacy Policy of your Company at www.bajajallianz.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Private Policy, as amended, from time to time.

### ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING REFUND/CLAIM AMOUNT :

I hereby agree to receive all monies due from insurance company by way of refund of premium, claims etc into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation.

Place:				Signature of Agent,	SP of	Corp	Agent			S	igna	ture	of P	ropo	oser		
Date :	DD	MM	YYYY	Name and Designation (In case of Corporate)													

#### Section 41 of Insurance Act, 1938

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, xcept 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 penalty which may extend to ten lakhs rupees. 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 \*\*\*

Place:											Signature	(On	beh	alf o	f Pro	pose	r) [						
Date :	D	D	[	M	M	[	Y	Y	Y	Y	Name												

\*\* This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.



# **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	
	individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., pliticians, senior government/juridical /military officers, senior executives of state-owned corporations,

- 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.

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.