

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

UIN: IRDAN113RP0056V01201819

COMPULSORY PERSONAL ACCIDENT (OWNER – DRIVER) UNDER MOTOR INSURANCE POLICIES **Proposal Form**

- 1. Please answer all questions in BLOCK letters.
- The Liability of the company does not commence until this Proposal has been accepted by the Company and premium has been received by the Company.
- This Proposal will be the basis of any subsequent motor policy that the Company will issue 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.

Prop	oser Details: Name of Insured (Owner Driver)	
	Address:	
_	State Pin code	
3.	MobileEmail Id	
4.	Occupation	
5.	Coverage Period From/ To/	
6.	Nominee Name and Relationship Details	
7.	Do you have valid Driving License? Yes/No	
8.	Add on Cover Opted (If any) Yes/No	
	If Yes, please provide details of the Add on Cover	
understood the terms and conditions [T&C] to the insurance 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 material 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 here by agree and undertake that I/ We are agreeable to receive one page policy document without enclosing the T&C of policy and I/We hereby authorize 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 invernacular language, and I/We agree to the same. (Please tick in case same is agreed)		
Place:	Signature of Proposer	
Date:	Name Name	
Mo	ment Details de of Payment: Cheque DD Cash Others que - 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.	
Sec	ion 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, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKH RUPEES.



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 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. Yes / No