

Scrutiny No.	Receipt No.	Policy No.

IMD Code	Sub IMD Code	IMD Name	Mobile No.	Emp/LG Code

PRIVATE CAR POLICY - BUNDLED - PROPOSAL FORM

1. Please answer all questions in BLOCK letters 2. The Liability of the Company does not commence until this Proposal has been accepted by the Company 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 this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted

Proposer Details

[illegible]

2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG _____

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

3) Gender: Male ☐ Female ☐ Other ☐ 4) Date of Birth :

D	D	M	M	Y	Y	Y	Y
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5) PAN No. _____ 6) Aadhar ID : _____

[illegible]

8) Marital Status: ☐ Married ☐ Single

9) No. of Children Sons Daughters

10) Occupation : ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ House Wife ☐ Retired ☐ Others _____

11a) Permanent / Residential Address :

[illegible][illegible][illegible]

State Pin Code

11b) Correspondence Address : (All the communications will be sent to the below address)

[illegible][illegible][illegible]

State Pin Code

[illegible][illegible]

12) Educational Qualification: ☐ Matriculate ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionally Qualified

13) Family Monthly Income: ☐ Up to Rs. 20,000 ☐ Rs. 20,001 to Rs. 50,000 ☐ Rs. 50,001 to Rs. 1 lakh ☐ Above Rs. 1 lakh

14) In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email

Vehicle & Cover Details

1) Period of Insurance

a) For Own Damage Section From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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b) For Third Party Liability Section From														D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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c) For Personal Accident Cover for Owner Driver Cover From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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2) Licence Type: ☐ Permanent ☐ Learning

3) Age at which you got the license: | | |

5) Date of Registration : | D | D | M | M | Y | Y | Y | Y |

7) Year of Manufacture:

9) Engine no: | | | | | | | | | | | | | | |

10) Make: | | | | | | | | | | | | | | |

Subtype : | | | | | | | | | | | | | | |

11) Cubic capacity : | | | | Seating capacity: Driver (1) + | |

Chassis No: | | | | | | | | | | | | | | | |

Model : | | | | | | | | | | | | | | | | | |

13) Whether any modifications/ conversions have been done on the maker's standard specification

If yes, please give details :

14) Is the vehicle fitted with anti-theft device: Yes ☐ No ☐

15) Do you own another Car: Yes ☐ No ☐ If yes, please provide Vehicle Make _____ and Model _____

16) Hypothecation Details: Name of Financial Institution/Bank:

Loan Account Number: | | | | | | | | | | | | | | | | | | | | | |

The vehicle would be driven by: ☐ You, the proposer only ☐ You and Your Spouse ☐ You, Your Spouse and any other person named below.

Please give details of main drivers/ named drivers referred above:

Sr. No.	Name in Full	Relationship with the Proposer	Date of Birth	Occupation	No. of Driving Years	Suffering from any disease / infirmity
1						
2						

In case of additional drivers, kindly attach a separate sheet.

1) Additional Compulsory Deductible Applicable: Rs

2) Whether geographical area extension to the following countries is required?

☐ Bangladesh ☐ Bhutan, ☐ Maldives, ☐ Nepal, ☐ Pakistan, ☐ Srilanka (Please tick whichever applicable)

1) Personal Accident Cover for Owner -Driver is compulsory under Private Car Policy. Please give the details of Nominations.

[illegible][illegible][illegible][illegible]

f) In case Personal Accident Cover for Owner Driver is not opted under the Policy, please provide reason for not opting the cover

Note: a) Personal Accident cover for Owner-Driver is compulsory for Sum Insured of Rs. 15 lakh for Private Cars. b) Compulsory PA cover to Owner-Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a small body corporate or where the Owner-Driver does not hold an effective driving license.

2) Do you wish to Opt for Personal Accident Cover for named Persons: Yes ☐ No ☐

If Yes, give name & Capital Sum Insured (CSI) opted for

Sr. No.	Name	CSI Opted (Rs.)	Nominee	Relationship

(A) Insured Declared Value (IDV) of the vehicle		(C) Value of Electrical accessories fitted to the vehicle	
(B) Value of CNG/LPG kit		(D) Value of Non-Electrical Accessories fitted to the vehicle	
		TOTAL IDV in Rs (A+B+C+D)	
Own Damage	Amount	Liability	Amount
Own Damage @ _____%		Basic TP Cover	
CNG/LPG kit		(-) TPPD Restriction (Statutory limit of Rs. 6000)	
Electrical/Non-Electrical Accessories		CNG/LPG	
(-) NCB @ _____%		PA for Owner-Driver	
(-) Voluntary Excess of Rs. _____		PA for Passengers	
(-) Commercial Discount @ _____%		Sum Insured per person (Rs.)	
Add-on Package Opted:		Number of persons	
Package Name : _____		Legal Liability to Paid Driver	
		Legal Liability to other employees	
		Number of employees	
TOTAL		TOTAL	
Net Premium (Own Damage + Liability)			
GST@ _____%			
Gross Premium			

Payment Details

Cheque ☐ Cheque No:

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 Cheque Date:

D	D	M	M	Y	Y	Y	Y
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 Cash ☐ Credit Card ☐ Others _____

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 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: <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>												
Date: <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td></td><td></td><td>M</td><td>M</td><td></td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D			M	M			Y	Y	Y	Y	Signature of Agent/SP of Corp Agent Name and Designation (In case of Corporate)	Signature of Proposer <table border="1" style="width: 100%; height: 20px;"></table>
D	D			M	M			Y	Y	Y	Y			

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, 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 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/she has fully understood the significance of the proposed contract ***

Place:										
Date:	D	D		M	M		Y	Y	Y	Y

Signature (On behalf of Proposer)

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 _____

“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. ☐ Yes / ☐ No
- 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. ☐ 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