

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number : U66010PN2000PLC015329 IRDA Registration No. 113
Regd. & Head Office : Bajaj Allianz House, 1st Floor Airport Road, Yerawada,
Pune - 411 006. UIN : IRDAN : 113RP0027V01200102



For Office Use Only

PF000747975

Scrutiny No	Receipt No.	Policy No.	IMD Code	Sub IMD Code	IMD Name	Mobile No.	Emp/LG Code

PRIVATE CAR / TWO WHEELER PACKAGE POLICY - 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

1) Full Name: Title		First Name	
Middle Name		Surname	
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 <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	4) Date of Birth :		
5) PAN No.	6) Aadhar ID :		
7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:			
8) Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	9) No. of Children	Sons	Daughters
10) Occupation : <input type="checkbox"/> Business <input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> House Wife <input type="checkbox"/> Retired <input type="checkbox"/> Others			
11a) Permanent / Residential Address :			
House No & Name			
Landmark/Locality			
Road/Area Name	City		
State	Pin Code		
11b) Correspondence Address : (All the communications will be sent to the below address)			
House No & Name			
Landmark/Locality			
Road/Area Name	City		
State	Pin Code		
Telephone (Res.)	Telephone (Office)		
Mobile Number	E-mail	@	
12) Educational Qualification: <input type="checkbox"/> Matriculate <input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professionally Qualified			
13) Family Monthly Income: <input type="checkbox"/> Up to Rs. 20,000 <input type="checkbox"/> Rs. 20,001 to Rs. 50,000 <input type="checkbox"/> Rs. 50,001 to Rs. 1 lakh <input type="checkbox"/> Above Rs. 1 lakh			
14) In case of any Offer, you would prefer to be contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Email			

Bank Details

Name as pr Bank	
Name Of Bank	
Bank Account No.	IFSC Code
IFSC Code	

* I accept to pay & receive claim amount (if any) in the above given Bank a/c

Electronic-Insurance Account:

Please provide e-IA No. to deposit your insurance policy. : _____

Do you want to open e-IA account: Yes/No

Existing Customer

Are you an existing customer of BAGIC? Yes No

If Yes. Please provide PID No: _____ / Policy No. _____

I hereby confirm that, there is no change in my existing KYC details that are available from my previous/existing policy. ☐

Vehicle & Cover Details

(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	
(-) CB @ _____ %		PA for Owner - Driver	
(-) Voluntary Excess of Rs. _____		PA for Passengers	
(-) Commercial Discount @ _____ %		Sum Insured per person (Rs.)	
Add - on Package Opted :		Number of prsons	
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			

Vehicle & Cover Details

1) Period of Insurance: From: To 2) Licence Type: ☐ Permanent ☐ Learning

3) Renewal of the Policy will not be allowed without availability of a valid PUC Certificate* of the Vehicle (*Not Applicable till One Year from the date of first registration of the Vehicle)
Do you have valid PUC Certificate? Yes ☐ No ☐

4) Age at which you got the license: 5) Registration No. :

6) Date of Registration : 7) Registration Authority :

8) Year of Manufacture: 9) Date of purchase of the vehicle by You :

10) Whether the vehicle was New ☐ or Second Hand ☐ at the time of purchase

11) Engine no: Chassis No:

12) Make: Model

Subtype :

13) Cubic capacity : Seating capacity: Driver (1) +

14) Fuel Used ☐ Petrol ☐ Diesel ☐ LPG ☐ CNG ☐ Electric ☐ Any other 15) Kilometer reading as on date

16) Whether any modifications/ conversions have been done on the maker's standard specification
If yes, please give details :

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

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

19) Hypothecation Details: Name of Financial Institution/Bank:
Loan Account Number:

Past Insurance Details

1) Name and address of the previous insurer

2) Previous policy Number Policy expiry date :

3) Claim taken in previous policy : Yes ☐ No ☐ If Yes, No. Of Claims Claim Amount

4) NCB Earned on last policy (if applicable) % (Please attach a copy of renewal notice from the previous insurer)

Driver Details

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.

Proposed Coverage

1) Additional Compulsory Deductible Applicable Rs.

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

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

3) Documents attached : ☐ Cover Note ☐ Renewal Notice ☐ Policy Copy ☐ Inspection Report ☐ Registration Certificate ☐ Declaration

PA Owner Driver : Nomination Details

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

a) Name of the Nominee:

b) Age of the Nominee: c) Relationship of the Nominee to the Owner-Driver:

d) Name of the Appointee (required only if the Nominee is a minor)

e) Relationship of the Appointee to the Nominee:

Note: a) Personal Accident cover for Owner-Driver is compulsory for Sum Insured of Rs. 1 lakh for Two Wheeler and Rs. 2 lakhs 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

(Note 1: In Case of additional persons, kindly attach a separate sheet. 2) As per the provisions of IMT 15, the maximum Sum Insured available per person is Rs 1 lakh in case of Two wheeler & Rs 2 lakhs in case of Private Car.)

Payment Details

Payment Details

Mode of Payment : ☐ Cheque ☐ DD ☐ Cash ☐ Other

Cheque - Given by : ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Employer / Employee ☐ Financier

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 :

Date :

Signature of Agent/SP of Corp Agent

Signature of Proposer

Name and Designation
(In case of Corporate)

INSURANCE ACT 1938 SECTION 41- Prohibition or 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 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/they have fully understood the significance of the proposed contract ***

Place :

Signature (On behalf of Proposer)

Date :

Name :

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

Declaration - 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/judicial/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 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

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 Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +917507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-bagichelp@bajajallianz.co.in, website-<https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.

Declaration :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: _____

Date : _____

Place : _____

Name of Witness : _____

Signature of Witness : _____

Date : _____

Place : _____

Disability Declaration :

Any Physical deformity or handicap

Yes

No

If Yes. Please provide details: _____ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I _____ authorised representative of Mr./Miss/Mrs. _____ hereby giving consent on the behalf of the proposer due to his/her disability , that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative : _____

Signature of Authorised representative : _____

Date : _____

Place : _____

Claim Docs

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

Agent/ Intermediary Declaration :

I, _____, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuant to this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

IRDAI COR No./ License No.(Advisor/Corporate Agent/Broker/Relationship Officer)

Signature of Agent: _____

Date: _____ Place: _____

Agent / IMD (SP /DP / BQP) signature and their code

Agent/IMD Name _____ Agent/IMD Code _____ Agent/IMD Signature _____

SP / BQP / DP / PoS Name _____ SP / BQP / DP / PoS CoR No.: _____ SP / BQP / DP / PoS Signature _____

DISCLAIMER:

This message, including any attachments may contain proprietary, confidential and privileged information of our company [BAGIC] for the sole use of the intended recipient(s), and is Strictly Confidential protected by law. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message and attachments, if any, from all your computer/mobile/network systems/servers/CPU. Any unauthorized person and or unauthorized purposes of review, use, disclosure, dissemination, forwarding, printing or copying of this email or any action taken in reliance on this e-mail is strictly prohibited and may be unlawful. Bajaj Allianz General Insurance Company Limited reserves the right to record, monitor and inspect all email communications through its internal and external networks. Your messages can be subject to such lawful supervision as Bajaj Allianz General Insurance Company Limited deems necessary in order to protect its information, interests, documents, records, and reputation. Bajaj Allianz General Insurance Company Limited prohibits and may take suitable steps to prevent their information systems from being used to view, store or forward offensive or discriminatory or prohibited/unlawful material/records/documents. If this message contains such material, please report it to bagichelp@bajajallianz.co.in. Please ensure you have adequate virus protection before you open or detach any documents from this transmission. Bajaj Allianz General Insurance Company Limited does not accept any liability for viruses To report any incident of corruption please write on bagichelp@bajajallianz.co.in If you like our services, like us on Facebook - <https://www.facebook.com/BajajAllianz>

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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

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