

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office &amp; Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

For Office Use only:

Scrutiny No	Receipt No	Policy No

For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No.

Emp/ LG Code

## BAJAJ ALLIANZ PET DOG INSURANCE POLICY PROPOSAL FORM

- 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 paid.
- This Proposal will be the basis of any subsequent policy that the Company issues 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.

### Proposer and Risk Details

1	<b>Title:</b>		<b>Name of the Proposer:</b>		<b>Gender:</b>		<b>DOB (dd/mm/yyyy):</b>	
2	<b>Communication Address with Contact Number, Email id:</b>							
3.	<b>Give the following particulars in full, of the pet dogs proposed for insurance.</b>							
	<b>Name of Pet Dog(s)</b>	<b>Sex (M/F)</b>	<b>Age (YY.MM)</b>	<b>Breed</b>	<b>Weight of the pet dog (kg)</b>	<b>Micro Chip number</b>	<b>Distinguishing Features/ Identification Marks</b>	
4.	<b>Please mention the Sections you want to opt for?</b>							
	<b>If you want to opt for Mortality Benefit Cover and / or Theft/Lost/Straying cover, please specify what Sum Insured option you want for this cover.</b>							
	<b>If you want to opt for Third party Liability Cover, please specify what Sum Insured option you want for this cover.</b>				<b>INR 5,00,000/ INR 10,00,000</b>			
5.	<b>Is the pet of Pedigree lineage?</b>		<b>Yes/ No.</b>					
	<b>Please provide Pedigree Certificate details:</b>							
6.	<b>Is/are the Pet sound and healthy? If not give full particulars of defects and ailments if any.</b>			<b>Yes/ No.</b>				
7.	<b>Is your Pet Dog vaccinated for rabies, distemper, hepatitis, adeno virus, leptospirosis, para-influenza, corona and parvovirus?</b>							
	<b>Please give names of the vaccinations provided to your dog(s)</b>							

8.	Give details of diseases/ conditions pet(s) suffered in past.			
9.	Is your dog spayed or castrated?	Yes/ No.		
	If yes, please state the reasons.			
10.	Which cover do you want to opt for? (in case your pet dog is over the age of 4 years) Options – A. No cover for initial 90 days for specified illnesses B. Present most recent medical test reports of the dog of biochemistry test, circulatory blood count, urine test, chest xray  **Cost to be borne by Pet Dog Owner	Option A	Option B	
	11.	Which Plan do you want to opt for?	Plan A	Plan B
12.	Have you lost any animal/s during the last three years? If so state particulars.			
		Year	Cause of Loss	Number of Animals Lost
a.				
b.				
c.				
13.	Previous Pet (s) Insurance and Claims experience (for the last three years)			
14.	Has any Company or Underwriter			
	[a] Declined insurance of any of your pet dogs or			
	[b] Declined to renew the insurance			
	[c] Increased your premium or imposed special conditions on renewal?			
15.	Any other information material to the risk or the terms upon which cover might be offered.			

**Payment Details**

Mode of Payment:  Cheque  DD  Cash  Others  
 Cheque-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.



Bajaj Allianz General Insurance Company Ltd.

**Declaration:**

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.

Date:

Signature of the Proposer

Place:

**\* Certified that 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.**

Date:

Signature (on behalf of the Proposer)

Place:

Name:

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

**INSURANCE ACT 1938 SECTION 41- Prohibition of 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 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 LAKHS RUPEES.