

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

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

UIN: IRDAN113RP0065V01202223

Note:

- I. Where cover period selected is up to 365 Days, Please specify number of days for which cover is opted.
- II. Policy period for all the covers/ sections opted shall be identical.

8. Is any of the pet proposed to be covered under the policy used for Commercial purpose: Yes No
If yes, please provide details: _____

9. COVER/ SECTIONS

Please mention the Sections you want to opt for and specify what Sum Insured option you want for the cover

Sr. No	Sections	Please Select (Yes/No)	Sum Insured	Available on		Restricted Covers (Please Select)	
				Short Term	Long Term		
1	Surgery Expenses Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes	Yes	No Cover for Cataract:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fracture Care					Co- Pay:	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30%
2	*Hospitalisation Cover			Yes	Yes	Co- Pay:	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30%
	Cover for Hip Dysplasia under Section 1 and 2 above			As per Base Section			
3	Mortality Benefit Cover			Yes	Yes	No Cover for death due to Kidney Failure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
						Mortality resulting only from Accidental Death	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Terminal Diseases Cover			No	Yes	Not Applicable	

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5	Long Term Care Cover			No	Yes	Not Applicable	
6	OPD Cover			Yes	Yes	Co- Pay:	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30%
7	Third Party Liability Cover			Yes	Yes	Co- Pay:	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30%
8	Theft/Lost/Straying Cover			Yes	Yes	Not Applicable	

***Note:** Wherever Hospitalization cover is opted, kindly specify Per Day Limit opted:

10. Is the pet of Pedigree lineage? Yes No

Please provide Schedule of the vaccinations provided to your Pet(s): _____

11. Give details of diseases/ conditions Pet(s) suffered in past: _____

12. Is your Pet(s) spayed or castrated? Yes No

If yes, please state the reasons: _____

13. Fitness certificate/ complete medical report not older than 30 days available? Yes No
(If yes, kindly provide the medical report)

14. Have you lost any animal/s during the last three years? If so state particulars

Year	Cause of Loss	Number of Animal Lost

15. Previous Pet (s) Insurance and Claims experience (for the last three years):

Year 1	
Year 2	
Year 3	

16. Has any Company or Underwriter

a	Declined insurance of any of your pet(s) or	
b	Declined to renew the insurance	

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9. Please mention the expected no of persons to be covered during the policy period? _____

10. Give the following particulars in full, of the pet(s) proposed for insurance.

Name of Pet(s)	Dog/ Cat	Identification Details	Gender (M/F)	Breed	*Cover Opted	Sum Insured	Commercial Use (Yes/No), Provide Details	Cover Period (Days/ Years)	Pedigree Lineage (Yes/ No), Provide Details	Vaccination Details	Pre-Existing Diseases/ Conditions	Spayed/ Castrated (Yes/No)	Past Loss Details

*Kindly refer Sr.No. 9 (Covers/Section) in part I for coverage description.

11. Has any Company or Underwriter

a	Declined insurance of any of your pet(s) or	
b	Declined to renew the insurance	
c	Increased your premium or imposed special conditions on renewal?	

12. Any other information material to the risk or the terms upon which cover might be offered: _____

Declaration:

- i. 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.
- ii. 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.
- iii. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
- iv. 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.
- v. I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

1. AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:

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Please Select

1. Declaration for Politically Exposed Person (PEP) to be added in proposal form:

Are you or any of the proposal applicants a PEP* or a close relative of PEP*? Yes No

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.”

2. Consent/Declaration to be added in proposal and claim for CKYC 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 National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

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.

2. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:

Please Select

1. Declaration for PEP to be added in proposal form:

Are you or any of the proposal applicants a PEP* or a close relative of PEP*? Yes No

If yes, please share the details _____

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2. Consent/Declaration to be added in proposal and claim for CKYC 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.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

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.

3. AML DECLARATION FOR GROUP POLICIES:

Please Select

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If yes, please share the details _____

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2. Consent/Declaration to be added in proposal:

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.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

3. Consent/Declaration to be added in claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC

4. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER AND GROUP POLICIES:

Please Select

1. Consent/Declaration to be added in proposal:

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.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

2. Consent/Declaration to be added in claim for CKYC 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 UIDAI or through any other modes for the purpose of undertaking KYC

5. AML DECLARATION FOR ENROLMENT FORM (GROUP):

Please Select

1. Declaration for PEP to be added in proposal form:

Are you or any of the proposal applicants a PEP* or a close relative of PEP*? Yes No

If yes, please share the details _____

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3. Consent/Declaration to be added in proposal for Premium paid from own funds:

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.

Date:

Signature (on behalf of the Proposer)

Place:

Name:

*** 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.