

8. Details of Persons to be insured

Family Members					
Sr. No	Name	Date of Birth	Gender	Passport No.	Nominee
1					
2					
3					
4					

*Nominee for self has to be one of the below mentioned relations.

"Father, Mother, Son, Daughter, Spouse, Financier, Employer & Others"

If Nominee is "Others" please specify -----.

Payment Details

Cash / Cheque	Amount		Cheque No.		Cheque Dt.	
	Bank/Name				Branch	

Name : _____

Signature : _____ Date : _____

Declaration & warranty on Behalf of all Persons Proposed to be insured

☐

I/We am/are authorized to propose on behalf of these other persons.

APPLICANT'S SIGNATURE

DATE (DD/MM/YY)

Insurance Act, 1938 Section 41 - Prohibition of Rebates Insurance Act

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 default in complying with the provisions of this section shall be punishable with fine which may extend to rupees ten lakh.

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) _____

Name _____

Date: _____

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

**Please read declaration wordings carefully before signing the proposal form.

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

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 service requests faster and hassle-free in future.

You can update the same through Caringly yours App – <http://onelink.to/v9zp7c>, WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, 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.