

Bajaj Allianz General Insurance Company Limited

Regd. & Head Office: GE Plaza, Airport Road, Yerwada, Pune 411006.

UIN: IRDA/NL-HLT/BAGI/P-T/V.II/37/14-15

For Office Use Only							
Scrutiny No		Remarks					
Receipt No							
Policy No							

For Agent Use Or	nly:	
IMD Code		Mobile No
Sub IMD Code		
IMD Name		

TRAVEL PRIME PROPOSAL FORM

Please answer all questions in BLOCK letters.

- I. This proposal will be the basis of this insurance policy that we may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. Non-compliance of the above may result in the avoidance of the Policy & we shall have no liability to make any payment under the Policy.
- II. If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the advice of your insurance advisor
- III. If we accept a proposal for this insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized(in case of cheque payment) or non-fulfillment of pre-policy check-up(wherever required)
- IV. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

1.	Na	me	e of	fth	e P	ro	ро	Se	er																														
																																				L			
2.	Ad	ldr	ess	5																																			
																																				L	$oldsymbol{\perp}$		
3.	Ph	on	e١	10:	Ī																														Т				
					L											-			-			l																	
4.	E-ı	ma	il :																	5.	Dat	te (of	Bir	rth		L	D	D	-	-	VI	M		-	Υ	Υ	Υ	Υ
6.	Pa	ssp	or	t N	o :																																		
7.	Oc	cu	pat	ior	۱: ₋																																		
8.	De	ра	rtu	re	Dat	te	Ī	D)	D	_	N	1	M	_	Υ	Υ	Τ	Υ	Υ	1	Ar	riv	al	Da	te	I	D	D		L	M	M	I		V	V	V	V

9. Geographical Location

Worldwide Including USA/Canada Worldwide Excluding USA/Canada
Asia Excluding Japan
Family Doctor Details
Name Qualification Qualification
Reg No Mobile No
Address Address
10. Choose Plans
Travel Prime Individual Plans and Travel Prime Holiday Plans
Silver: 50000 USD Gold: 200000 USD Platinum: 500000 USD
Super Platinum: 750000 USD Maximum: 1000000 USD
Travel Prime Corporate Plans
Corporate Lite: 250000 USD Corporate Plus: 500000 USD
Corporate Maximum: 1000000 USD Corporate Age Lite: 50000 USD
Corporate Age Plus: 200000 USD
Optional Cover under Travel Prime Corporate Age Lite / Age Plus Plans: Please confirm if Schengen Cover is required under Corporate Age Lite / Age Plus Plan: Yes / No
Travel Prime Holiday Plans &
Travel Prime Asia Plans
Asia Flair: 15000 USD Asia Supreme: 25000 USD
Travel Prime Age Plans
Silver: 50000 USD Gold: 200000 USD Platinum: 500000 USD Maximum: 1000000 USD
Optional Cover under Travel Prime Age Plans: Please confirm if Schengen Cover is required under Travel Prime Age Plan: Yes / No
ricase commini senengen cover is required under traver rinne Age rian. Tes / No

Travel Prime Super Age Plan: 50000			Age				
USD	71-75 Yrs	76-80 Yrs	81-85 Yrs	86-90 Yrs	More than 90 Yrs		
With Pre Policy Health Check Up							
With the Folicy Health Check Up							
Journey within 30 Days							
Without Pre Policy Health Check Up							
Journey after 30 Days							
Please confirm if Schengen Cover is required under Travel Prime Super Age Plan: Yes / No Travel Prime Family Plan: Standard: 50000 USD Silver: 100000 USD							
, , , , , , , , , , , , , , , , , , , ,							
	er: 100000 U er Gold: 5000	=	=	00000 USD [latinum : 75			

Optional Covers available under Travel Prime Student Plan:

Optional Covers	Cover Opted	Sum Insured
Cancer Screening and Mammography Cover	Yes / No	USD 1000
		Options : (Please Select any one of the below Options) USD 1000
		□ USD 2000
		□ USD 2500
HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency		☐ USD 3000
Syndrome) Cover	Yes / No	
Pre existing illness Coverage	Yes / No	Sum Insured as per the Base Travel Prime Student Plan
Maternity and Baby Cover from Day One		Sum Insured as per the Base
Coverage	Yes / No	Travel Prime Student Plan
Mental illness and Alcohol related Disorder		Sum Insured as per the Base
Cover	Yes / No	Travel Prime Student Plan

6. Details of Persons to be insured

	Family Members									
Sr. No	Name	Date of Birth	Gender	Passport No.	Nominee	Nominee Relationship: "Father, Mother, Son, Daughter, Spouse & any Other if legally permitted "				
1										
2										
3										
4										

7. Medical History

Questions	Insured 1	Insured 2	Insured 3	Insured 4
During the last 4yrs and before 4yrs, have any of the				
proposed insured consulted any physician for treatment				
or medical investigation or surgical operation, Accident				
or been hospitalized for any disorder?				
Have any of the proposed insured's ever been				
diagnosed with or advised to seek treatment for any				
one or more from the following: heart disease,				
Diabetes/ raised blood sugar, High blood pressure/				
Hypertension, Circulatory disease?				
Paralysis, cancer, Disease of kidney, Liver, Stomach,				
Intestine, brain, Lung or joint disorder, mental illness,				
Congenital/ Birth defect ,Physical deformity, or				
HIV/AIDS				
Any other illness, impairment, disability or surgery not				
mentioned above?				
Disorders of eye, ear, nose or throat, Gland disorder				
such as thyroid, Blood disorder or disorder of				
reproductive or urinary system				
Have any of the proposed insured's Parents, brothers or				
sisters had heart disorders, cancer, Diabetes,				
neurological or mental disorder, hereditary or chronic				
disorder?				
Is any of the proposed insured currently taking any				
medication/ treatment for any disease or disorder?				
Is any of the proposed insured is currently pregnant				
Have any of the proposed insured proposal or				
application for reinstatement of life, health and				
accident insurance ever been declined, postponed,				
withdrawn or accepted with modified terms by any				
insurance company?				
Does any person proposed to be insured smoke or				
consume tobacco, alcohol or any other form of				

Additional information to be completed by the student (Only for Travel Prime Student plan) Name Of the Student : Date of Birth : Date of the School Overseas: Detailed Address of the School/Telephone no:	Tabaa	7			Ī			
Additional information to be completed by the student (Only for Travel Prime Student plan) Additional information to be completed by the student (Only for Travel Prime Student plan) Jame Of the Student :	торас	cor						
Additional information to be completed by the student (Only for Travel Prime Student plan) Additional information to be completed by the student (Only for Travel Prime Student plan) Jame Of the Student :								
Additional information to be completed by the student (Only for Travel Prime Student plan) Additional information to be completed by the student (Only for Travel Prime Student plan) Jame Of the Student :								
Additional information to be completed by the student (Only for Travel Prime Student plan) Additional information to be completed by the student (Only for Travel Prime Student plan) Additional information to be completed by the student (Only for Travel Prime Student plan) Date of Birth Jame of the School Overseas: Jetailed Address of the School/Telephone no: Jourse Opted for Jours		8. Additional Informat	ion					
Additional information to be completed by the student (Only for Travel Prime Student plan) Additional information to be completed by the student (Only for Travel Prime Student plan) Additional information to be completed by the student (Only for Travel Prime Student plan) Date of Birth Jame of the School Overseas: Jetailed Address of the School/Telephone no: Jourse Opted for Jours	Cr	Name of the proposed	Please specify the	Treatment	dotails	Outcome of	treatment	
Name Of the Student :	No.		illness details with	with treating	ng (ails r	e.g. Ongoin ecovery red	g, complete current or	
Name Of the Student :								
Name Of the Student :								
Name Of the Student :								
Particular of Birth Jame of the School Overseas: Detailed Address of the School/Telephone no: Dourse Opted for Douration of the Course : Journal of Semesters : Douration Fees Per Semester : Tuitions financed by (Self, parents, borrowing from bank or FI's), please give details Have you undergone medical examination/fitness test? Would like to state any thing that is not asked which you may want the insurer to know? Payment Details Cash / Cheque		Additional information to	o be completed by the	student (Onl	y for Trave	el Prime Stu	ıdent plan)	
Detailed Address of the School/Telephone no: Course Opted for	Date c	of Birth :						
Payment Details Cash / Cheque Date: Date:	Name Detail	of the School Overseas: ed Address of the School/To	elephone no:					
Tuitions financed by (Self, parents, borrowing from bank or FI's), please give details Have you undergone medical examination/fitness test? Would like to state any thing that is not asked which you may want the insurer to know? Payment Details Cash / Cheque	Course Opted for : Duration of the Course :							
Have you undergone medical examination/fitness test? Would like to state any thing that is not asked which you may want the insurer to know? Payment Details Cash / Cheque Bignature: Date:	Tuitio	n Fees Per Semester :						
Have you undergone medical examination/fitness test? Would like to state any thing that is not asked which you may want the insurer to know? Payment Details Cash / Cheque Bignature: Date:								
Would like to state any thing that is not asked which you may want the insurer to know? Payment Details Cash / Cheque Warne: Date:	•	Tuitions financed by (Self,	parents, borrowing fro	om bank or FI'	s), please	give details		
Payment Details Cash / Cheque Name : Date :	•	Have you undergone medio	cal examination/fitness	s test?				
Payment Details Cash / Cheque Name : Date :								
Cash / Cheque Name : Date :	•	Would like to state any thi	ng that is not asked wl	hich you may	want the i	nsurer to k	now?	
Cash / Cheque Name : Date :								
Cash / Cheque Name : Date :	Pavm	ent Details						
Name : Date :	- ayını							
Signature: Date:	Cash	/ Cheque						
Signature: Date:								
Signature: Date:								
Signature: Date:	Nie							
				Date ·				

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that



	I/We am/are authorized to propose on beha	If of these other persons.
	·	ed by me will form the basis of the insurance policy, is subject to the Board ce company and that the policy will come into force only after fill receipt of the
	·	writing any change occurring in the occupation or general health of the life to as been submitted but before communication of the risk acceptance by the
	has attended on the life to be insured/prop the physical or mental health of the life to	eeking medical information from any doctor or from a hospital who at anytime loser or from any past or present employer concerning anything which affects be assured/proposer and seeking information from any insurance company to fe to be assured/proposer has been made for the purpose of underwriting the
	• • •	rmation pertaining to my proposal including the medical records for the sole ims settlement and with any Governmental and/or Regulatory authority."
	APPLICANT'S SIGNATURE	DATE (DD/MM/YY)
Insura	nce Act, 1938 Section 41 - Prohibition	of Rebates Insurance Act
in respect premium may be a	ct of any kind of risk relating to lives or property in land shown on the policy, nor shall any person tall allowed in accordance with the published prospectu	lirectly, as an inducement to any person to take out or renew or continue an insurance ndia, any rebate of the whole or part of the commission payable or any rebate of the aking out or renewing or continuing a policy accept any rebate, except such rebate as is or tables of the insurer ANY PERSON MAKING FAULT IN COMPLYING WITH SHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.
	that the contents of the Proposal Form and docum ficance of the proposed contract***	nents have been fully explained to the Proposer and that he/they have fully understood
Name		Signature (On behalf of Proposer)
	is required only where, for any reason, the Proposa	I Form and other connected papers are not filled by the

^{**}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.
•	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.
•	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.