

Payment Details

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

Name : _____

Date : _____

Signature of Proposer

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

- (a) I propose and am aware that this proposal of me is maximum for one year which may be renewed [subject to underrating policy of Company] by paying the premium well before expiry of one year period.
- (b) Information provided to me by company official/intermediary about policy exclusions and terms and conditions:
I/we have been explained in full the details of exclusions, standard terms and conditions including the exclusion and knowing the same I/we have opted and proposed for this Policy. Bajaj Allianz General Insurance Co. Ltd
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- (c) The contents of this proposal and connected documents have been fully read by me/explained to me and I have fully understood the significance of the proposed contract basis which I have requested/confirmed for policy issuance.
- (d) In case of Disagreement or objection or any changes with respect to information, declarations, Terms and Conditions, exclusions and contents mentioned hereinabove, I/we will contact the Company's toll free number & register my objections/changes/disagreement to the contents of this proposal or alternatively I may also send to the Company an email or written correspondence at the following details within a period of 15 days from date of my receipt of the transcript of this proposal along with Policy. In case of Company's non-receipt of my disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that I have positively confirmed to the Company the correctness of the transcript of my proposal and declaration.

DECLARATION

- I 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 am authorised to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy/ Master Policy/Certificate of Insurance, and is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after Company's pre-receipt of the full premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. nformation mentioned below, it shall be deemed that I have positively confirmed to the Company the correctness of the transcript of my proposal and declaration.

Date : _____

Place : _____

Signature/ Thumb Impression of the Proposer

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**

Date : _____

Place : _____

Signature (On behalf of Proposer)

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

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

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):**NOTE:**

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.

Toll free Number: 1800-103-2529, 1800-22-5858, 1800-102-5858 and 1800-209-5858

Email address: bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at:

This is print of electronic records maintained by us in accordance with law and hence does not require signature.