For	Agent	Use	Only:	

BAJAJ Allianz 🕕					For Offic	e Use On	ly:				
aj Allianz General Insurance Co. Ltd. G.E. Plaza, Airport Roac	l. Yerawada. Pune - 411 006	5.			Scrut	iny No.	Receij	pt No.	Poli	cy No.	
r Agent Use Only:	,				For Ager		he				
	Fran /I C Cada	Loan Account	IMD Code	Sub	IMD Code		<u> </u>		Mahil		٦
	Emp/LG Code	Number	IMD Code	Sub	IND COUR		MD Name		Mobil	e No.	_
PI	REMIUM PERSO	NAL GUARD	POLICY PR	OPOSAL	FORM						
Instructions For Filling Up The Form:-											
<ol> <li>Please answer all questions in BLOCK lett</li> <li>The Liability of the Company does not co</li></ol>		nosal has been acce	onted by the Con	n bac vaca	romium h	as boon i	bic				
3. This Proposal will be the basis of any sub-	sequent policy that we	issue to you. It is th	erefore essentia	al that you pr	ovide all t	he inforr	nation in t				
ACCURATELY and that you provide us wit upon which it should be accepted	th any and all additiona	al information releva	ant to risk to be	insured or o	ur decisio	n as to ac	ceptance	of the r	isk or th	e terms	
Proposer Details											
1) Full Name: Title		Fi	irst Name								
											L 
Middle Name		Su Su	urname								
2) Are you an existing Bajaj Allianz Customer: Y	′es / No If yes, please m	ention the Policy N	o: OG								
3) Gender: Male Female Other	4) Date of Birth	D D M M	Y Y Y Y	5)	PAN No.						I
6) UID/Unique ID:		7) Baiai Allianz	Employee Code	 e. if Proposer	is BAGIC/	BALIC En	nplovee				1
8) Marital Status: Married Single	Divorced Widov			· ·	Daughters						]
10) Occupation Business Salaried	Professional	Student Hou	use Wife	Retired	Others						
11 a) Permanent / Residential Address		11	b) Correspond	ence Addres	SS: (All the	communic	ations will <b>k</b>	pe sent to	the belo	w address)	
House No.		На	ouse No.			House					
Landmark/		La	indmark/			House Name					
House No.  Name    Landmark/  Name    Locality  Name    Road/  I			ndmark/								
House No.  Name    Landmark/  Name    Locality  Name    Road/  Name			ordmark/ ocality bad/ rea Name								
House No.    Landmark/    Locality    Road/    Area Name			indmark/ ccality bad/ rea Name ty/District			Name _	2 in Code				
House No.  Name    Landmark/  Name    Locality  Name    Area Name  Name    City/District    State	Pin Code	La            La         Lo            Ar            Cit            State	andmark/ ocality bad/ ea Name ty/District			Name _	2in Code				
House No.  Name    Landmark/  Name    Locality  Name    Road/  Name    Area Name  Name    City/District    State    Tel.		La             Rc             Cii             Sta             Te	Indmark/ Ind			Name _	2'in Code				
House No.  Name    Landmark/  Name    Locality  Name    City/District  Name    State  Name    Tel.    Mobile		La             Ra             Cit             Sta             Te             Te	Indmark/ vcality aad/ rea Name ty/District ate I.(Res.)			Name _	Image: Constraint of the second sec				
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House No.  Name    Landmark/  Name    Locality  Name    City/District  Name    State  Name    Tel.    Mobile		La             Ra             Citi             Sta             Te             Ma	Indmark/ vcality aad/ rea Name ty/District ate I.(Res.)			Name _	Image: Control of the second secon				
House No.  Name    Landmark/  Name    Locality  Name    City/District  Name    State  Name    Tel.    Mobile		La         Ra         Cii         Sta         Te        Te        Ma        E-I	Indmark/ Icality ad/ ea Name ty/District ate I.(Res.) I.(Office) obile Number			Name _					
House No.  Name    Landmark/  Name    Locality  Name    Road/  Name    City/District  Name    State  Name    Tel.    Mobile    Email	Under G	La         Ra         Cii         Sta         Te        Te        Ma        E-I	Indmark/ Ind			Name _					
House No.       Name         Landmark/       Name         Locality       Name         City/District       Name         State       Name         Tel.       Name         Mobile       Name         Email       Name         12) Educational Qualification:       Matriculate	Under G	Image: Lage of the second s	Indmark/ Icality ad/ ea Name ty/District ate I.(Res.) I.(Office) obile Number Mail Graduate			Name					
House No.       Name         Landmark/       Name         Locality       Name         City/District       Name         State       Name         Tel.       Name         Mobile       Name         Email       Name         12) Educational Qualification:       Matriculate         13) Family Monthly Income:       Up to Rs. 20,	Under G	Image: Lage of the second s	Indmark/ Ind			Name					
House No.       Name         Landmark/       Name         Locality       Name         Road/       Name         Area Name       Name         City/District       Name         State       Name         Tel.       Name         Mobile       Name         Email       Name         12) Educational Qualification:       Matriculate         13) Family Monthly Income:       Up to Rs. 20,         14) In case of any Offer, you would prefer to be of	Under G	Image: Lage of the second s	Indmark/ Ind			Name					
House No.       Name         Landmark/       Name         Locality       Name         Road/       Name         Area Name       Name         City/District       Name         State       Name         Tel.       Name         Mobile       Name         Email       Name         12) Educational Qualification:       Matriculate         13) Family Monthly Income:       Up to Rs. 20,         14) In case of any Offer, you would prefer to be a       16). Please tick the plan you have opted for uncomplan A 10Lac         Plan A 10Lac       Plan B 15 Lac       Add on Covers:	Under G Under G 000 Rs. 20,00 contacted by: Pho ler. Plan C 20Lac	Image: Lage of the second s	Indmark/ Ind			Name					
House No.       Name         Landmark/       Name         Locality       Name         Road/       Name         City/District       Name         State       Name         Tel.       Name         Mobile       Name         Email       Name         12) Educational Qualification:       Matriculate         13) Family Monthly Income:       Up to Rs. 20,         14) In case of any Offer, you would prefer to be a       16). Please tick the plan you have opted for uncom         Plan A 10Lac       Plan B 15 Lac       Plan B 15 Lac	Under G Under G 000 Rs. 20,00 contacted by: Pho ler. Plan C 20Lac	Image: Lage of the second s	Indmark/ Ind			Name					

## Details of the persons to be insured

Sr No	Name	DOB (dd/mm /yy)	Age	Gender (M/F)	Occupation	Any Existing disability / infirmity	Total Monthly Income	Premium

 17) Period of Insurance: From
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 To
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18) Has any proposal for personal accident on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details

N	lominee details										
ſ				/ -							
	Name	Nominee*	Name of Nominee	DOB/Age	Relation*	% of Sum Insured					
		Nominee 1									
	Self	Nominee 2									
		Nominee 3									
		Nominee 4									
*ľ If	*Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others" If Nominee is "Others" please specifyonly (For members other than Self 100 % Nomination to the Proposer only)										
D	eclaration										
Date	<ul> <li>"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 behalf of these other persons.</li> <li>I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.</li> <li>I/We further declare that I/we 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.</li> <li>I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.</li> <li>I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."</li> </ul>										
Plac	e :					Signature of Proposer					
Nam	e and Designatio	n:									
l	nsurance Act, 19	38 Section 41 - Proh	ibition of Rebates								
rela or r MA cor	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 ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES. 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 :										
Pla	ce :					Signature of Proposer					
Nai	ne and Designati	on:									

\*\*\* 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.