🕞 BAJAJ Allianz 🕕

Bajaj Allianz General Insurance Co. Ltd. G.E. Plaza, Airport Road, Yerawada, Pune - 411 006.

For Agent Use Only:

		For Agent Use Only:							
Emp/LG Code	Loan Account Number	MD ( ode   Su		IMD Name	Mobile No.				

For Office Use Only:

Scrutiny No.

Receipt No.

Policy No.

## SANKAT MOCHAN - PROPOSAL FORM

## 1. Please answer all questions in BLOCK letters

- 2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
- 3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted

Proposer Details				
1) Full Name: Title First Name First Name				
Middle Name				
2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG				
3) Gender: Male Female Other 4) Date of Birth :				
5) PAN No.                     6) UID/Unique ID :				
7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:				
8) Marital Status: Married Single Divorced Widowed 9) No. of Children Sons Daughters				
10) Occupation : Business Salaried Professional Student House Wife Content Others				
11a) Permanent / Residential Address :				
House No & Name				
Landmark/Locality				
Road/Area Name				
State Pin Code Pin Code				
11b) Correspondence Address : (All the communications will be sent to the below address)				
House No & Name				
Landmark/Locality				
Road/Area Name				
State				
Telephone (Res.)           Telephone (Office)				
Mobile Number         E-Mail         @				
12) Educational Qualification: Matriculate Under Graduate Graduate Graduate Post Graduate Professionally Qualified				
13) Family Monthly Income: 🗌 Up to Rs. 20,000 🔄 Rs. 20,001 to Rs. 50,000 🔄 Rs. 50,001 to Rs. 1 lakh				
14) In case of any Offer, you would prefer to be contacted by: Phone Email 15) Nationality				

Insured Details :

PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including proposer)

Sr.	Name	DOB	Age	Gender	Occupation	Gross Monthly Income	Relation with Insured	Opted Plan	Name Illness/ Disease / Disablement/ suffered/suffering from	Duration of Illness/disability

Coverage required(along with Basic/Wider/Comprehensive ) -Medical expenses 🗌 Hospital Confinement 🗌

Please refer the table below for details of Plans.

• Self can choose the plan as per the requirement and commensuration of income • Spouse can be covered under Plan 1-5

 $\cdot\,$  Children can be covered under plan 1-3 only, comprehensive cover not available for children

Renewal members of age 66 years and above, will be offered to get covered under Plan 1-3. Lifetime renewal benefit would be extended under these plans.

## SANKAT MOCHAN PLANS

Assoc         200000         100000         0	Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Entry         0         0         00000         0         20000         20000         2           Acc Hosp, Cach         0         10000         5000         10000	Basic	200000	100000	0	0	0	0	0	0
Inc. (rsop.)         100000         50000         50000         100000         100000         100000         00000         0           Acc Hosp Cash         0         1000         1000         10000         10000         <	Wider	0	0	100000	0	200000	0	0	300000
Incrementation       Image of the image of	Comp	0	0	0	100000	0	200000	200000	0
Find Premium Risk class 1         240         470         525         75         650         450         750         450           Find Premium Risk class 2         270         485         550         625         700         550         850         525           Basis         0<	Acc Hosp.	100000	50000	50000	50000	100000	100000	100000	100000
Final Premium Risk dass 2         270         485         550         6.25         700         550         850         525           Bark         Plan 9         Plan 10         Plan 11         Plan 12         Plan 13         Plan 14         Plan 15         Plan 16           Bask         0	Acc Hosp Cash	0	1000	1000	1000	1000	0	1000	0
Plans       Plan 9       Plan 10       Plan 11       Plan 12       Plan 13       Plan 14       Plan 15       Plan 16         Basic       0 </td <td>Final Premium Risk class 1</td> <td>240</td> <td>470</td> <td>525</td> <td>575</td> <td>650</td> <td>450</td> <td>750</td> <td>450</td>	Final Premium Risk class 1	240	470	525	575	650	450	750	450
Basic       0 <td>Final Premium Risk class 2</td> <td>270</td> <td>485</td> <td>550</td> <td>625</td> <td>700</td> <td>550</td> <td>850</td> <td>525</td>	Final Premium Risk class 2	270	485	550	625	700	550	850	525
Wider       300000       0       0       0       0       0       0       0       200000         Comp.       0       300000       300000       500000       500000       500000       200000       200000         Acc Hosp.       10000       10000       10000       10000       10000       0       0000       100000	Plans	Plan 9	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 15	Plan 16
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Acc: Floag Cash       1000       0       1000       1000       1000         Final Premium Risk class 1       750       600       900       11200       1050       1300       1130         Tisnal Premium Risk class 2       825       750       1050       1150       1450       1200       1600       1370         To Ray company defined to issue/ re new a policy for any of the persons proposed for Insurance?       If yee give defails:       If yee give defails       If yee	Comp	0	300000	300000	500000	500000	500000	500000	200000
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16. Has any company declined to issue/ re new a policy for any of the persons proposed for Insurance?	Final Premium Risk class 1	750	600	900	900	1200	1050	1350	1190
If yes give details:	Final Premium Risk class 2	825	750	1050	1150	1450	1300	1600	1370
If yes please provide the policy and claim details         Nominee details         18.       Name       Nominee*       Name of Nominee*       DOB/Age       Relation*       % of Sum Insured         19.       Naminee 4       Nominee 1       Image: Setter 1       Nominee 4       Image: Setter 1       Nominee 4         *Nominee for self has to be one of the below mentioned relations.*Father, Mother, Son, Daughter, Spouse & Others*       If Nominee 4       Image: Setter 1         19. Do you have avelocited:       Yes in No       If yes vehicle make       Moded       Yea & month of purchase         20. Policy period:       From       Image: Setter 1       To       Image: Setter 1       Yea & month of purchase         20. Policy period:       From       Image: Setter 1       To       Image: Setter 1       Yea & month of purchase         20. Policy period:       From       Image: Setter 1       To       Image: Setter 1       Yea & month of purchase         20. Vek furched clare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by mear entrue and complete inall respects to the best of my knowledge and that / Yea ard and that the information provided by mean will from the basic aceptance by the due Based approved underwriting policy of the insurance to the Base approved underwriting policy of the insurance that the work my part ory reservere my poly ory reserver any dow or present base benew bi	If yes give details:			f the persons pro	oposed for Insur	rance?			Yes / No
Nominee details         18.       Name       Nominee*       Name of Nominee       D0B/Age       Relation*       % of Sum Insured         19.       Nominee 1       Nominee 2       Nominee 3       Nominee 3       Nominee 3         19.       Nominee 4       Nominee 3       Nominee 4       Nominee 3         19.       Do you have a vehicle:       Yes /       No if yes vehicle make       Model       Year & month of purchase         20. Policy period: From       10       10       Year & month of purchase       Year & month of purchase         20. Policy period: From       10       10       Year & month of purchase         19. Do you have a vehicle:       Year /       No if yes vehicle make       Model       Year & month of purchase         20. Policy period: From       10       10       Image: State S	5								Yes / No
18       Name       Naminee*       Name of Nominee       DOB/Age       Relation*       % of Sum Insured         Self       Nominee 1       Nominee 2       Nominee 3       Nominee 3       Nominee 4       Nominee 4       Nominee 5       Nominee 5       Nominee 4       Nominee 5       Nom		icy and Cialiff de	uails						
Namine       Numine       Dolyngic       Network         Self       Nominee 1       Nominee 2       Nominee 3         Nominee 3       Nominee 4       Nominee 5         Nominee 5       Nominee 5       Nominee 5         Nominee 5       Others" [Places specify       Nominee 5         19. Do you have a vehicle:       Yes /       No if yes whicle make       Model         **Declaration:       **       Numeradocomptete nall respects to the best of my knowledge and that //We am/are authorized to propose on behall of these other persons.       Inderstand 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 affer full receipt of the premium chargeable.       //We further declare that //We will come into force only affer full receipt of the origon or insurance on the full on the company and starge medical information provide in any doctor or from a hospital who at anytime has attended on the life to be assured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer in sum and complete insured proposer         //We authorize the company to s		1							
Self       Nominee 2         Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others"         "Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others"         "Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others"         "Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others"         "Ithorinees "Others" please specify         Do you have a vehicle       Yes 7         Nominee and complete inal respects to the best of my knowledge and that/We and/are authorized to propose on behalf of these other persons.         Indestand 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 thatthe policy will come into force only after full receipt of the premium chargeable.         IVWe further declare that I/We will notify in writing any charge occurring in the occupation or general healt of the life to be insured/proposer after the proposal has been submitted but before communication of their sk acceptance by the company.         IVWe declare and consent to the company seeking medical information from any doctor of from a hospital who afters the physical or metal healt of the life to be assured/proposer of romany insurance on the life to be assured/proposer of romany insurance on the life to be assured/proposer of romany insurance on the life to be assured/proposer of from any insurance on metal healt of the life to be assured/proposer aftere beam madelor the purpose of underwriting and	<sup>18.</sup> Name Nomine	e*	Name of Non	ninee	DOB/Age	Relation*	%	of Sum Insured	1
Nominee 3	Nomine	e 1							
Nominee 4         *Nominee for self has to be one of the below mentioned relations."Father, Mother, Son, Daughter, Spouse & Others" If Nominee is "Others" please specify         10. Doyou have a vehicle:       Yes / Decompart         10. Doyou have a vehicle:       Yes / Nominee in Origon and the place of	Self Nomine	e 2							
*Nominee for self has to be one of the below mentioned relations."father, Mother, Son, Daughter, Spouse & Others" If Nominee is "Others" please specify	Nomine	e 3							
*Nominee for self has to be one of the below mentioned relations."father, Mother, Son, Daughter, Spouse & Others" If Nominee is "Others" please specify	Nomine	e 4							
If Nomine is "Others" please specify	*Nominee for self has to	be one of th	e below men	tioned relation	s "Father Mo	ther Son Day	ughter Spouse	& Others"	
20. Policy period: From	If Nominee is "Others" please	specify		(For men	bers other thar	Self 100 % Nor	ination to the P	roposer only)	
**Declaration:  //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 meare 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.  // 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. // 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. // We declare and consent to the company seeking medical information from any doctor or from an baspital who at anytime has attended on the life to be assured/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 purposed funderwriting the proposal and/or claims settlement. // 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 Covernmental and/or Regulatory authority.* Date :	19. Do you have a vehicle: Yes	s/ 🗌 No if yes	vehicle make _			Model		Year & mont	h of purchase
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underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."         Date :		5				a the medie	racarda far th-	colo purposs	of proposal
Place :							records for the	sole purpose (	or proposal
Name and Designation:	Date :		-						
Name and Designation:         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 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***         Place:	Place :						Signature	of 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 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***         Place:									
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Name	Date:					(on behalf of			
				Nan	ne				

\*\*\* 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.

## **PORTABILITY FORM**

Ρ	ARTI
1)	Name of the Policyholder / insured (s)
2)	Date of Birth / Age
3)	Address of policyholder / insured
4)	Details of existing insurer
	i. Name of the product
	ii. Sum Insured
	iii. Cumulative Bonus
	iv. Add ons/Riders taken
	v. Policy Number
5)	Details of the proposed insurance
	i. Name of the product proposed/intended to take
	ii. Sum insured proposed
	iii. Whether Cumulative Bonus to be converted to an enhanced sum insured

- 6) Reason (s) of portability\_
- 7) No of family member to be included in the policy to be ported\_

		Health ID			Period of	First	
First Name of Insured	Details of Previous Health Insurance Policy / Policy No.	Card number	Sum Insured	СВ	From dd/mm/yyyy	To dd/mm/yyyy	Policy inception date

Enclosure: Photocopy of the existing policy documents

	Date D D M M Y Y Y Y	Signature of Proposer	
T - 1110	PART II		
	1. Whether the PED exclusions / time bound exclusion have longer exclusion p	eriod than existing policy	Yes / No

(Please indicate Yes /No)

2. If yes, please give written consent to the declaration below:

"I am aware that the waiting period for the following disease (s)/ treatment (s) isdays/years more than the previous policy terms, I hereby agree to observe the
additional waiting period for the following diseases (s)/ treatments (s)

Signature of Policyholder