





BAJAJ | Allianz (ii)

Bajaj Allianz General Insurance Company Limited

Regd. & Head Office -GE Plaza, Airport Road, Yerwada, Pune 411 016

	Tax Gain (Comprehensive Health Cover) Proposal Form										
1.	Name of the proposer: Mr/Ms	Surname		F	irst Name				Middle	Name	
2.	Address: Res:				П						
	Pin City		l l	tate				Telepho	one III		
	Mobile Income Tax PAN No.										
3.	Nationality										
4.	Name and address of the Family Doctor Qualification										
5.	Montly Income										
6. Plans (Tick the plan to be opted)											
	Plan	Age Band			Tick the	e plan opted	d				
	Tax Gain 4999 (A)	(18-55 Yrs)	Self		Plan no	t available		NA			
	Tax Gain 9999 (B)	(18 – 55 Yrs)	Self		Self+Sp	ouse					
	Tax gain 14999 (C 1)	(18 – 55 Yrs)	Self		Self+ S	pouse					
	Tax gain 14999 (C2)	(18 – 55 Yrs)	Self		Self+ S	pouse					
	Tax Gain 19999 (D)	(56-75 Yrs)	Self		Self+Sp	ouse					
7.	Waiver of Co-payment Option : Yes	No									
8.	Details of the person to be insured										
Sr.	Nar	ne	D	ОВ	Age	Gender	Height	Weight	Occupation	Relation with the insured	Asignee
1										Self	
2										Spouse	



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9.	Details of the other insurance like Mediclaim	. Cancer polic	v. critical illness or an	v other medical insurance	policy	(Please attach a photocopy	v)
J.	Details of the other misurance like Medicialit	i, Caricci polic	y, critical illificas or arr	y outlet illeuleat illoutailee	POLICY	(I ICUSC uttuchi a photocop	•

	Policy No.	Name and address of Insurance Co.		Sum	Period of Insurance		No claim	Claims Received/ Receivable	Claimed for (Na	ture of Problems)		
				Insured	From mm / dd / yy	To mm / dd / yy	Bonus ,	(Rs.)				
10.	Do you smoke cigarettes, bidis or consume tobacco (chewing paste) / alcohol in any form? Please give duration and daily consumption											
11.	Please confirm, if any of the persons to be insured is pregnant (For Females Only) If yes please state how many months?											
12.	Do you or any of the family members to be covered have / had any health complaints / met with any accident in the past 4 years and have been taking treatment / hospitalization? Yes No Please provide the details in the table given below.											
13.	Has any of the persons to be insured suffer from / or investigated for any of the following? Disorder of heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer, tumor, lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy), slipped disc, back ache, any congenital / birth defects/ urinary diseases, AIDS or positive HIV. If yes, indicate in the table given below. Please specify the duration of illness											
A)	Illness / injury details of	the past 4 years and prior to 4 y	years									
Sr.		Name	Name of the illne Suffering from	ss/injury Suffered m past 4 years	/ Treati			e of the illness/ injury suffered me in the past (prior to 4 yea		Date first treated		
1												
2												
14.	Has any proposal for	life,critical illness or health re	lated insurance on yo	ur life ever beer	n postponed,decl	lilned or accept	ed on special t	erms? If yes give details.				





Declaration

The above information is true to best of my knowledge. I/we are active at work and have not been absent from work due to illness or injury for a continuous period of more than 10 days during the last 2 years. I/We and/or the person to be insured hereby consent you or your representative to seek medical information from any Hospital/Medical Practitioner from which or whom I/We and/or the person to be insured have at any time sought or shall seek medical attention concerning any disease, sickness, ailment, or injury which affects my/our and/or the person to be insured's physical or mental health.

/we hereby authorise Bajaj Allianz to pay any claim payable to me under the Tax Gain Comprehensive Health Cover to the above assignee whose discharge will be considered as the full and final discharge on my behalf.									
Period of insurance starting from		ending on							
Signature				Date					

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 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 FIVE HUNDRED RUPEES.



