

Bajaj Allianz General Insurance Company Limited

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

or Office Use	Only:							For	Age	nt U	Jse C	Only	:																	
Scrutiny No.	Receipt I	No.		Po	licy N	lo.		Loar	n Ac	coun	nt Nu	ımbe	er	IMD	Code	Sı	ıb IN	ID Co	ode	IM	D Na	me	ı	Mob	ile N	lo.		Emp/	/LG C	ode
					1	WO	ME	-NIG	s C	RIT	IC/	Δ1 I	IIIN	VF9	S - P	RO	PO	SΔI	FC	RN	1						J L			
. Please answer	all questions in	n BLOCk	(lette	rs		770	/IVIL	-10	<i>-</i>	· ·	10/	\ <u></u>		VE.	<u> </u>		0.	<i>/</i> (L												
 The Liability of This Proposal 																					on in t	his P	ropos	sal Fl	JLLY A	AND.	ACCI	JRATE	LY an	d th
, ,	s with any and a	ıll addit	ionali	inforn	natior	n relev	vant to	o risk	to be	insu	red o	rour	decis	ion a	to acce	ptano	e of t	he ris	k or tl	ne ter	ms up	on w	hich	it sho	ould b	e ac	cepte	ed .		
Proposer De			ı												<u>-</u> .			1	1	1	l	l	<u> </u>	l	l	1	ı	T	1	
) Full Name:	Title		<u> </u>	Ш		1	1	1		1			1	1	Firs	t Nar	ne				<u></u>			<u> </u>	<u> </u>	<u> </u>	Ļ	\perp	1	
	Middle Nam	ie													Sur	name	ġ										\perp	\perp		
Are you an e	existing Bajaj	Allian	z Cus	tome	er: Ye	s / N	No If	f yes,	, ple	ase ı	men	tion	the F	Polic	/ No: C)G _														
) Gender: Fe	emale 🗹														4) Da	e of	Birth	: [D	D	M	M)		Y Y	Y	Υ			
) PAN No.															6) UII)/Uni	que	ID :									\perp			
) Bajaj Allianz I	Employee Co	de, if P	ropo	ser is	BAG	IC/B/	ALIC I	Empl	loye	e: L																				
) Marital Statu	ıs: Maı	ried		Single	: [Div	orced	d		Wid	lowe	d			9) No	of C	hildr	en		Son	s				Dau	ught	ers			
0) Occupation	: Bus	iness		Sala	ried		Profe	essio	nal		Stud	dent		Но	use Wi	fe		Reti	red		Ot	hers								—
1a) Permanen	t / Residentia	al Add	ress	:	1 1		1	1	1	1	1	ı		ı	ı	1	1	1	ı	ı	ı	ı	ı	ı	1	ı			1	1
ouse No & Na	ime		<u> </u>							_						<u> </u>	<u> </u>	<u> </u>			<u> </u>					Ļ	Ļ	Ļ		Ļ
andmark/Loca	lity																										L	\perp		
oad/Area Nan	ne 📗														City												L			L
ate																						Pi	n Co	de						
1b) Correspon	ndence Addre	ess : (A	ll the	com	mun	icati	ons v	will b	e se	nt to	the	belo	ow a	ddre	ss)															
ouse No & Na	ime																													
andmark/Loca	lity																										L	\perp		
oad/Area Nan	ne														City		1										I	1		
tate		İ	i	l			l										İ					Pi	n Co	de			T	1		
elephone (Res	.		<u> </u>				1		_	_				Tolor	hone	/Offic	·~/	<u> </u>	1		 	l	oo 		 	<u> </u>	\perp	 	1	
	·		1] 			<u> </u>	_			\			ieieļ	лопе	OIIIO	.ej]	 D							
Nobile Numbe			 Matr	ioulo	<u> </u>	\square	Jnde				Mail		uate		Post (مالي	<								
2) Educational 3) Family Mon			Up to					Rs.								50,0		ш				Abo			lakh					
4) In case of a	•	_											Ema	ail	15) N	,		1												
Plan Details	(Sum Insur	ed O	otior	ıs)																										
Rs. 50,000		Rs. 1,0	00,00	0]	3)	Rs. 1	,50,0	000			4) F	Rs. 2,	,00,0	00 [
Insured Deta	ails																													
S. No.	Nan	10				DC	В		Age	١,	Ht.	Ι,	Nt.	N	Emp ame c	•				n	R	elat	ion		Dro	emiu	ım	Δ.	ssign	66
5. IVO.	INGII	ie			(dd/mr	m/yy)	'	16C	'	iit.	`	ν ι .		For W						N	Сіац	1011		FIE	211110	1111	^	331611	CC
																												Г		
Health Deta	ile													<u> </u>																
lease tick Yes																														
. Has your H	ealth Insurar	nce / L	ife In	surar	nce p	ropo	sal e	ver b	oeen	dec	line	d? If	yes k	kindl	y men	ion t	he re	asor	bel	ow						ΥI	ES [] /	NO [
. Are vou in	good health	& enti	relv f	ree f	rom	anv r	nent	al / r	hvsi	ical i	mna	irme	ents o	or de	formit	ies?										- YI	es F	7 /	NO [\neg
 Are you in good health & entirely free from any men Unexplained night sweat and/or loss of weight, persi 							ital / physical impairments or deformities? istent fever, chronic or recurrent diarrhea, unexplained												YES / NO											
. Onexplaint	ed night swea	at and	or lo	ss of	weig	ght, p	ersis	stent	feve	er, ch	nroni	ic or	recu	irren	t diarrl	າea, ເ	ınex	olain	ed											
	ed night swea or swollen gla		or lo	ss of	weig	ght, p	ersis	stent	feve	er, ch	nroni	ic or	recu	ırren	t diarrl	nea, ı	unex	olain	ed							ΥI	ES []/	NO [

e.g. Stroke, Epilepsy, Fits / Fainting attacks, Frequent Headache, Psychiatric Disorders?

YES / NO

	currently have - Breast lumps /pess, or thickening of the nipple or		ps / discharge from breast other t	than YES 🗌 / NO 🔲
7. Have you or any of your immand Stroke? Was it prior to 6	YES 🗌 / NO 🔲			
Do you have any abnormalit Pelvic Inflammatory Disease	YES / NO			
9. Please confirm if you are pro10. Did you have any problems	YES / NO YES / NO			
11. Have you ever suffered from	YES 🗌 / NO 🔲			
12. In past 4 years have you eve 2D Echocardiography, ECG, o	er consulted a Doctor or under go or Biopsy ?If Yes, please provide t		s, CT Scan,	YES 🗌 / NO 🗍
13. Have you ever been advised	by the Doctor for Hospital admi	ssion/treatment or Surgery or to	o be on regular medication?	YES 🗌 / NO 🔲
If your answer to any of the (Attach extra sheet if require		nplete details of the illness/dise	ase/condition in the table below	
	f investigation reports / consulta	ntion letters / Discharge summar	ry (If available)	
Details of disease/illness/injury suffering from	Treatment/Medication received/receiving	Month and year when first treated	Name of attending Medical Practioner/Surgeon with address and telephone no.	If completely cured/ Currently under treatment?
**Declaration I/we declare that the statement	ents made by me/us in this pr	oposal form are true and to t	the best of my /our knowled	ge and belief and I/we hereby
that if any additions or altera	tions are carried out after the	e submission of this proposal	j allianz General Insurance Cor form and /or issuance of polic	cy document, the same would
Company Ltd and/or any of it	s authorized representatives t	to seek medical information	ther consent and authorize Ba from any hospital/medical pra	ctitioner who has attended or
policy, subject to terms, exc	clusions and conditions prescr	ribed therein and further di	d the prospectus and have undo isclose that on the event of f of and insurance company shal	inding any thing contrary to
insurance	e, isnambe nero responsible	for an consequences therec	or and insurance company snai	in incur no liability under this
Place:		Signature of Prop	poser	
Date:		Name and Desig		
Insurance Act, 1938 Section 4				
respect of any kind of risk re	lating to lives or property in	India, any rebate of the who	any person to take out or rene ole or part of the commission	payable or any rebate of the
allowed in accordance with t	he published prospectus or ta	bles of the insurer ANY PEF	ng a policy accept any rebate, RSON MAKING FAULT IN COMP	
			RED RUPEES. explained to the Proposer	and that he/they have fully
Place:		Signature (On be	ehalf of Proposer)	
Date:		Name		

^{***} 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.