

## **Relationship Beyond Insurance**

For Office Use Only:	
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Scrutiny No.	Receipt No.	Policy No.

For	Agent	Use	On	ŀ

IMD Code	IMD Name

## **EXTRA CARE PLUS: Proposal Form**

## Instructions For Filling Up The Form:-

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

Proposer Details											
<ol> <li>Full Name: Middle Name</li> </ol>	Title LLL			First N							
2. Are you an exis	sting Bajaj Allianz Custome	r:Y es/NoIf	yes, please mei	ntion the Policy	No: OG_						
3. Gender: □	Male □ Female □	Other	1	4. Dat	e of Birt	h 🗓	D M I	VI Y Y	YY	1	
5. PAN No.				6. UIE	/Unique	e ID: L					
7. Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee											
8. Marital Status:   Married   Single   Divorced   Widowed   9. No. of Children   Sons   Daughters											
	□ Business □ Salarie				use Wif	e □ Ret	tired 🗆	Others			
	ce Address: (All the comm	1		below address)						<u> </u>	
House No.		House	Name								
Landmark/Locality											
Road/Area Name											
City/District											
State									Pin Code		
Mobile			Tel.								
Email _											
12. Educational Qu	ualification:   Matricul	ate 🗆 Und	er Graduate	□ Graduate	□ Pc	st Graduate	e 🗆 Pr	ofessionally	Qualified		
	/ Income: $\Box$ Up to Rs.	20,000 🗆	Rs. 20,001 to R	s. 50,000 🗆	Rs. 50,0	01 to Rs. 1	lakh □	Above Rs.	1 lakh		
14. Nationality											
15 Please selec	t the Sum Insured option	on, Deductib	le & Air ambu	ılance option i	n the b	elow table	Э				
Sum Insured			gregate Deduct	ible Options				Aiı		er Sum Insured (in INR)	
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2500000 5000000  16. DETAILS OF  MEDICAL AI  Medical History Section A: In re	Member Details  ND LIFE STYLE INFOR	□ 300 □ 300 □ 300 □ WRED  MATION mentioned que proposed to be	Relationship with Proposer estions individua	□ 500000 □ 500000 □ 500000 □ Date of Birth □ DD/MM/YYYY □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	o (N):	Gender (M/F)	000000 000000 Height (cms)	(Kgs)	Nominee	000000 000000  Nominee Relationship with Insured	

insurance company?

If yes please provide details  $\square$  YES  $\square$  NO

Sr. No	Name of Insured	Details of Proposal
1		
2		
3		
4		
5		
6		

Section B: Has any of the person proposed to be insured ever suffered from/ are currently suffering from any of the following: Yes / No High or low blood pressure, Hypertension, Chest Pain, or any other cardiac disorder? 1 Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder Ulcer(Stomach/Duodenal), liver or gall bladder disorder or any other digestive tract disorder? 3 Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/ urinary tract disorder 4 5 Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc) disorder Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder? 6 Tumor (Swelling)-benian or malianant, any external ulcer/growth/cvst/mass anywhere in the body? 7 8 Arthritis, Spondylosis or any other disorder of the muscle/bone/joint 9 Diseases of the Ear/Nose/Throat/Teeth/ Eye (please mention Dioptres in case of refractory error)? 10 HIV/AIDS or sexually transmitted diseases or any immune system disorder 11 Anaemia, Leukaemia, Lymphoma or any other blood/lymphatic system disorder Psychiatric/Mental illnesses or sleep disorder 12 13 Uterine Fibroid, Fibroadenoma breast or any other Gynaecological (Female reproductive system)/Breast disorder? 14 Any other illness or injury not mentioned above? Section C: Has any of the persons proposed to be insured: Yes / No **Ouestions** Been addicted to alcohol, narcotics, and habit forming drugs or been under detoxication therapy? 2 Been under any regular medication (self/ prescribed)? 3 Undertaken any lab/blood tests, imaging tests viz. scans/MRI other than routine health check-up or pre-employment check-up? 4 Undertaken any surgery or a surgery been advised and have surgery still pending? Section D -Name and details of Illness/ Medicine/Test/ Surgery/ Date of last Treatment In/Outpatient and details Doctor/Hospital Name & Diagnosis **Exact Diagnosis** (for questions answered as Yes of treatment given consultation Phone No. in Section B & C above) Insured Person 1 Insured Person 2 Insured Person 3 Insured Person 4 Insured Person 5 Insured Person 6 □ YES □ NO Section E: Does any person proposed to be insured smoke or consume gutkha/pan masala or alcohol. If yes please provide the details and quantity per week 18. Payment Details Mode of payment: □ Cash/ □ Debit Card/ □ Credit Card/ □ Others IFSC Code Instrument No. Name of the Premium Payer Relationship of Payer with Proposer **Bank Details** Account No. Amount (in Rs.) Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Bajaj Allianz General Insurance Company Limited' 20. In case of any Offer, you would prefer to be contacted by: 

Phone 

Email 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. 2. 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 insurer and that the policy will come into force only after full payment of the 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 3. 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 4. 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. Date: Signature, Name and Address of Witness Signature/ Thumb Impression of the Proposer Proposed Policy Period: From: DD/MM/YYYY, To: DD/MM/YYYYY (Applicable only if the Proposer has affixed Thumb Impression) I hereby declare that, I have fully explained the contents of the proposal form and Terms and Conditions of the policy to the Proposer in the language understood to him / her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof. Place Signature of the Declarant (Intermediary/ Agent/ Insurance Official) Name of the Declarant:

## **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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITHFINE WHICH MAY EXTEND TO RUPEES TEN LAKH.

To support our Go Green initiative, we will send the policy copy on your email. This is a digitally signed valid document. Please confirm if you still want to receive the physical hard copy of insurance policy 🗆 Yes 🕒 No