BAJAJ | Allianz

Relationship Beyond Insurance

For Office Use Only:

| Scrutiny No. | Receipt No. | Policy No. |
|---|---|---|
| | | |

For Agent Use Only:

| Emp/LG Code | Loan Account Number | IMD Code | Sub IMD Code | IMD Name | Mobile No. |
|---|---|---|---|---|---|
| | | | | | |

# PERSONAL ACCIDENT POLICY PROPOSAL FORM

**Instructions For Filling Up The 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

Middle Name Surname

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 D D M M Y Y Y Y 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 ☐ Retired Others_____

## 11 a) Permanent / Residential Address

House No. House Name

Landmark/ Locality

Road/ Area Name

City/District

State Pin Code

Tel.

Mobile

Email

## 11 b) Correspondence Address: (All the communications will be sent to the below address)

House No. House Name

Landmark/ Locality

Road/ Area Name

City/District

State Pin Code

Tel.(Res.)

Tel.(Office)

Mobile Number

E-Mail

12) Educational Qualification: ☐ Matriculate ☐ Under 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 ☐ Above Rs. 1 lakh

14) In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email 15)Nationality

## 16) 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 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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## 17) Plan Details

| Sr No | Name Of Insured | Basic SI | Wider SI | Comprehensive SI | Medical Expenses (Yes/ No) | Hospital Confinement Allowance (Yes/ No) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
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18) Period of Insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

19) Has any proposal for personal accident on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details

## Nominee details

| Name | Nominee* | Name of Nominee | DOB/Age | Relation* | % of Sum Insured |
|---|---|---|---|---|---|
| Self | Nominee 1 | | | | |
| | Nominee 2 | | | | |
| | Nominee 3 | | | | |
| | 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 ----------.(For members other than Self 100 % Nomination to the Proposer only)

## *DECLARATION

1. 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.
3. 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 submitted but before communication of the risk acceptance by the company.
4. 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 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.
5. 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.

Proposed Policy Period: From: DD/MM/YYYY , To: DD/MM/YYYY Date: D D M M Y Y Y Y

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 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 RUPEES TEN LAKH.

* Please read declaration wordings carefully before signing the proposal form.