BAJAJ Allia									Scru	itiny l	No.		Rec	eipt l	√ 0.	P	olicy	No.		
Relationship Beyond I	nsurance							Fo	or Age	ent Us	se Oi	nly:								
	Emp/LG Code			Account mber	IMD Co	de	Su	ib IMI	D Coc	le		IMD	Nar	ne	+	Mo	bile I	e No.		
	SIL	VER H	EAL	.TH PR	OPOSAL I	OR	M													
 Instructions For Filling Up The Form:- Please answer all questions in BLOCK let The Liability of the Company does not ct This Proposal will be the basis of any sub ACCURATELY and that you provide us w upon which it should be accepted 	ommence until this osequent policy that	at we issu	ie to y	/ou. It is th	erefore esser	tial t	nat you	provi	de all	the i	nfor	mati	on ii							
Proposer Details																				
1) Full Name: Title				Fi	rst Name															
Middle Name				Su	urname															
2) Are you an existing Bajaj Allianz Customer:	Yes / No If yes, plea	ise ment	ion th	e Policy N	o: OG															
3) Gender: Male Female Other	4) Date of E	Birth D	D	MM	Y Y Y	Y	5) PAN	No.											
6) UID/Unique ID:			7) Ba	ajaj Allianz	Employee Co	ode, if	Propose	er is E	BAGIC	/BAL	IC Er	nplo	yee							
8) Marital Status: Married Single	Divorced V	/idowed		9) No. of		Son	-	_	ıqhtei				5							
10) Occupation Business Salaried	Professional		dent		use Wife		tired		Other											
11 a) Permanent / Residential Address					b) Correspo						muni	catio	ns wi	ll be s	ent to	the b	elow a	address)		
House No. House			1		ouse No.					Hou	ise									
Landmark/				L La	ndmark/					Nan	ne L									
Locality Road/			1	Rc	cality ad/															
Area Name			1	1 1	ea Name ty/District															
State	Pin Code		1		ate							Pin C	Code							
Tel.			1		l.(Res.)								oue							
Mobile					l.(Office)															
Email					obile Number	.										_				
					Mail															
12) Educational Qualification: Matriculate		ler Gradı	iato		Graduate					t Grad	 teub		Г		Drofo	cion		Jualified		
13) Family Monthly Income: Up to Rs. 20		20,001 to			Rs. 50,00		c 1 lakk		-	ve Rs			L		TOTE	5510116	any Q	Juanneu		
14) In case of any Offer, you would prefer to be		Phone		· I L	5)Nationality			' <u>∟</u> 												
, <u>, , , , , , , , , , , , , , , , , , </u>			<u> </u>		<i></i>															
16) Details of the persons to be insured																				
Name (do		ender	Ht	Wt C	Occupation		Relation	1		Sum		Р	rem	nium	Nc	mine		elations		
	yy) - (r	VI/F)			-				IN	sure	a				┢			of Nomin		
															-		+			
															\uparrow		+			
															<u> </u>		\perp			
						<u> </u>	1													
17) Period of Insurance: From D D M	M Y Y Y	Y To	D	D M M	Y Y	ΥY														
 Co-Payment (Waiver for non-network Hos Do you smoke cigarettes or consume toba Please give duration and daily consumptio 	cco (chewing paste	_	nol, nie	cotine or r	narijuana in a	iny fo	rm?] Yes	No		
 20) Has any of the persons to be insured suffer Disorder of the heart, or circulatory system hepatitis, disorder of urinary tract or kidne backache, any congenital/ birth defects/ u 21) Have you or any of your immediate family Prior to age 60yrs? 	from/or investigat , chest pain, high b ys, blood disorder, rinary diseases, AIC	blood pre any men OS or pos	ssure tal or itive F	, stroke, as psychiatri IIV, If yes,	sthma any res c conditions, indicate in the	any d e tabl	isease o e given	f brai belov	in or r v.	nervo	us s	yster	n, fit	ts (ep	oileps			l disc,		

22) Do you or any of the family members to be covered have/had any health complaints/met with any accident in thepast 4 years and have been taking treatment/ hospitalization? (Please provide details in the table given below)

23) Illness/injury details of the past 4years and prior to 4 years.

Sr No	Name of the person	Name of the Illness /injury suffered / suffering in the past 4 years	Treatment details	Date first treated	Name of the Illness / injury suffered any time in the past (prior to 4 years)	Treatment details	Date first treated	Current Status of the Illness/ Diseases/Injury
31.110	Name of the person	past 4 years	ireatment details	liealeu	(prior to 4 years)	uetalis	liealeu	Diseases/injury

24) Has any proposal for life, critical illness or health related insurance on your life or lives ever been postponed, declined or accepted on special terms? If yes, give details______

25) Family Docto	or Det	ails:																		
Name:																				
Qualification:													Mo	bile						
Address:																				
Reg No:																			_	

*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.

INSURANCE ACT. 1938 SECTION 41 - PROHIBITION OF REBAT									Signature of Proposer
Proposed Policy Period: From: DD/MM/YYYY, To: DD/MM/YYYY	Date:	D	M	М	Y	Y	Y	Y	Cianature of Droppoor

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.

> Bajaj Allianz General Insurance Co. Ltd | G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113. Website: www.bajajallianz.com | Call: 1800-209-0144/1800-209-5858 | CIN: U66010PN2000PLC015329 | E-mail: customercare@bajajallianz.co.in

Yes No