

For Agent Use Only:

For Office Use Only:

Scrutiny No.	Receipt No.	Policy No.

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

For Agent Use Only:

PERSONAL ACCIDENT POLICY 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 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

17) Plan Details

Sr No	Name Of Insured	Basic SI	Wider SI	Comprehensive SI	Medical Expenses (Yes/ No)	Hospital Confinement Allowance (Yes/ No)

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

- "I/We 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/We am/are authorized to propose on behalf of these other persons.
- 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/we 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.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Date : _____

Place : _____

Signature of Proposer

Name and Designation: _____

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 or continuing 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 FIVE HUNDRED RUPEES. Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract***

Date : _____

Place : _____

Signature of Proposer

Name and Designation: _____

*** 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.