🕞 BAJAJ Allianz 🕕

Bajaj Allianz General Insurance Co. Ltd. G.E. Plaza, Airport Road, Yerawada, Pune - 411 006.

For Agent Use Only:

		For Agent Use Only:							
Emp/LG Code	Loan Account Number	IMD Code	Sub IMD Code	IMD Name	Mobile No.				

For Office Use Only:

Scrutiny No.

Policy No.

Receipt No.

### SANKAT MOCHAN - PROPOSAL 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         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 :							
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   Other   4) Date of Birth :   (a) Date of Birth :   (b) UID/Unique ID:   (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID/Unique ID: (c) UID							
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 :   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 No & Name   Indimark/Locality   Indimark/Locality   City   Pin Code   Pin Code							
5) PAN No 6) UID/Unique ID : 7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALLC Employee: 8) Marital Status: Married Single Divorced Widowed 9) No. of Children Daughters 10) Occupation : Business Salaried Professional Student House Wife Retired Others 11a) Permanent / Residential Address : House No & Name I = I = I = I = I = I = I = I =							
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     11a) Permanent / Residential Address :   House No & Name   Landmark/Locality   City        State   Pin Code           11b) Correspondence Address : (All the communications will be sent to the below address)							
8) Marital Status: Married Single Divorced Widowed 9) No. of Children Sons Daughters 10) Occupation : Business Salaried Professional Student House Wife Retired Others 11a) Permanent / Residential Address : House No & Name Address : House No & Name Gamma							
10) Occupation : Business Salaried Professional Student House Wife Retired Others   11a) Permanent / Residential Address : House No & Name   Landmark/Locality Image: Control of the state of the							
11a) Permanent / Residential Address :     House No & Name     Landmark/Locality     Road/Area Name     City     Pin Code     11b) Correspondence Address : (All the communications will be sent to the below address)							
House No & Name							
Landmark/Locality Road/Area Name State Interpretations will be sent to the below address) Pin Code Interpretations will be sent to the below address							
Road/Area Name       City       Pin Code         State       Pin Code       Image: City         11b) Correspondence Address : (All the communications will be sent to the below address)							
State   Pin Code     11b) Correspondence Address : (All the communications will be sent to the below address)							
11b) Correspondence Address : (All the communications will be sent to the below address)							
House No & Name							
Landmark/Locality							
Road/Area Name							
State							
Telephone (Res.)							
Mobile Number         E-Mail							
12) Educational Qualification: Matriculate Under Graduate 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       Image: Solid contacted by:							

Insured Details :

PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including proposer)

Sr.	Name	DOB	Age	Gender	Occupation	Gross Monthly Income	Relation with Insured	Opted Plan	Name Illness/ Disease / Disablement/ suffered/suffering from	Duration of Illness/disability

Coverage required (along with Basic/Wider/Comprehensive ) -Medical expenses 🗌 Hospital Confinement 🗌

Please refer the table below for details of Plans.

• Self can choose the plan as per the requirement and commensuration of income • Spouse can be covered under Plan 1-5

 $\cdot\,$  Children can be covered under plan 1-3 only, comprehensive cover not available for children

Renewal members of age 66 years and above, will be offered to get covered under Plan 1-3. Lifetime renewal benefit would be extended under these plans.

#### SANKAT MOCHAN PLANS

Plans		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	
Basic		200000	100000	0	0	0	0	0	0	
Wider	Wider         0         0         100000         0         200000         0         0         300000									
Comp										
Acc Hosp.	Acc Hosp.         100000         50000         50000         50000         100000         100000         100000									
Acc Hosp Cash         0         1000         1000         1000         0         100								1000	0	
Final Premium Ri	sk class 1	240	470	525	575	650	450	750	450	
Final Premium Ri	sk class 2	270	485	550	625	700	550	850	525	
Dlama		Diam 0	Dlam 10	Dlam 11	Diam 10	Diam 12	Dlag 14	Diam 15	Diam 10	
Plans		Plan 9	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 15	Plan 16	
Basic		0	0	0	0	0	0	0	200000	
Wider		300000	0	0	0	0	0	0	200000	
Comp		0	300000	300000	500000	500000	500000	500000	200000	
Acc Hosp.		100000	100000	100000	100000	100000	200000	200000	200000	
Acc Hosp Cash		1000	0	1000	0	1000	0	1000	1000	
Final Premium Ri		750	600	900	900	1200	1050	1350	1190	
Final Premium Ri		825	750	1050	1150	1450	1300	1600	1370	
<ol> <li>Has any compare</li> <li>If yes give detail</li> <li>Are you covered</li> <li>If yes please presentation</li> </ol>	ls: d under any ot		ccident Policy?	of the persons pr	oposed for insu	irance?			Yes /No Yes /No	
Nominee deta		ey und cluim de	<u> </u>							
10	1									
<sup>18.</sup> Name	Nominee	<u>2</u> *	Name of Nor	ninee	DOB/Age	Relation*	9	% of Sum Insured	d	
	Nominee	e 1								
Self	Nominee	2								
	Nominee	3								
	Nominee									
					"= 1					
*Nominee for If Nominee is "Ot	self has to 'hers" nlease s	be one of th	ie below men	itioned relation	ns."Father, Mo obers other tha	other, Son, Da n Self 100 % Non	ughter, Spous nination to the P	e & Others" Proposer only)		
				.(rormen	ibers other tha					
19. Do you have a v			s venicie make _			Model		Year & mon	th of purchase	
20. Policy period: Fr	om			То						
**Declaratio	n.									
Deciaratio	/11•									
"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.										
				aining to my p nmental and/or		ng the medical nority."	records for the	e sole purpose	of proposal	
Date :			_							
Place :							Signature	of Proposer		
Name and Designat										
Insurance A	ct, 1938 S	Section 41	– Prohibi	tion of Reb	oates					
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*** Place: Date: Data: Date: Dat										
	Date: Proposer)									
				Nan	ne					

\*\*\* 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.

# **PORTABILITY FORM**

P	ARTI
1)	Name of the Policyholder / insured (s)
2)	Date of Birth / Age
3)	Address of policyholder / insured
4)	Details of existing insurer
	i. Name of the product
	ii. Sum Insured
	iii. Cumulative Bonus
	iv. Add ons/Riders taken
	v. Policy Number
5)	Details of the proposed insurance
	i. Name of the product proposed/intended to take
	ii. Sum insured proposed
	iii. Whether Cumulative Bonus to be converted to an enhanced sum insured

- 6) Reason (s) of portability\_\_\_\_
- 7) No of family member to be included in the policy to be ported\_

	Details of Previous Health Insurance Policy / Policy No.	Health ID Card number	Sum Insured	СВ	Period of Insurance		First
First Name of Insured					From dd/mm/yyyy	To dd/mm/yyyy	Policy inception date

Enclosure: Photocopy of the existing policy documents



Signature of Proposer

## **PART II**

- Whether the PED exclusions / time bound exclusion have longer exclusion period than existing policy (Please indicate Yes /No)
- 2. If yes , please give written consent to the declaration below:

"I am aware that the waiting period for the following disease (s)/ treatment (s) is .....days/years more than the previous policy terms, I hereby agree to observe the additional waiting period for the following diseases (s)/ treatments (s)

Signature of Policyholder

Yes / No