

For Office Use only:

Scrutiny No.	Receipt No.	Policy No.

IMD Code	Sub IMD Code	Mobile No

Emp / LG Code

Important: This proposal for insurance will be the basis of any subsequent insurance policy that BAJAJ GENERAL INSURANCE LIMITED issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

[illegible][illegible]

Name as pr Bank																									
Name Of Bank																									
Bank Account No.													IFSCCode												
IFSC Code																									

I hereby confirm that, there is no change in my existing KYC details that are available from my previous/existing policy. ☐

DARPAN DETAILS

Constitution Details

Proprietorship Firm ☐ Yes ☐ No Partnership Firm ☐ Yes ☐ No Limited Liability/Partnership Firm ☐ Yes ☐ No Company ☐ Yes ☐ No

NGO/NPO- ☐ Yes ☐ No

If Yes Specify Constitution Trust ☐ Yes ☐ No Society ☐ Yes ☐ No Section 8 Company ☐ Yes ☐ No

Provide DARPAN Portal Registration, if applicable Others (Please specify)

9. Please mention the total number of persons to be covered initially:

10. Please mention the expected no of persons to be covered during the policy period?

11. Please provide below details for each Insured Beneficiary to be covered under the policy. (Please attach extra sheet for details of multiple Insured Beneficiaries)

[illegible]

Note: It is not necessary to cover all the member of the group under a single plan. The proposer may cover each member of the group under a different plan

12. Has any company/Insurer in respect of Insurance

Declined your Proposal?

Cancelled or refused to renew your policy?

Accepted your proposal on special terms and conditions?

Declaration

I/We hereby declare on behalf of proposer and on behalf of all persons proposed to be insured that the above statements, declaration, warranties and or particulars given by me are true and complete in all respects to the best of my knowledge and belief. 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 for of the insurance policy and is subject to the Board approved underwriting policy of the Company. I/we have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Bajaj General Insurance Ltd [Company] and the Insured Beneficiary/Group Member and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect on any material/ immaterial facts/particulars, to the grant of a cover or otherwise, the Company shall have no liability under the insurance contract or the policy document thereunder, apart from Company's right to cancel my/our policy and the premium paid by me/us shall be forfeited by the Company. I/we also do hereby agree and undertake to immediately inform the Company any changes in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/we do hereby agree to accept the Standard Terms and Conditions and form of the policy issued by Company in such cases. I/We hereby authorize company that all Standard Terms & Conditions of policy can be displayed in the website of company that enables access by me/us if I/We want to know the terms and conditions of policy displayed on website.

This proposal form is also deemed to be proposal form for renewal of cover, from time to time. I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed full premium amount, failing which Company's risk is void ab initio.

The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/We agree to the same. (Please tick in case same is agreed).

Name of the Intermediary/Officer of the Company:

Code Number/Employee Number:

Place and Date:

Signature of Intermediary/Officer of the Company

INSURANCE ACT 1938 SECTION 41- Prohibition or Rebates

1. No person shall allow or offer to allow either directly 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to Ten Lakh rupees.

Declaration - Physical Proposal Form

Are you or any of the proposal applicants a PEP or a close relative of PEP*?

If yes, please share the details -----

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc." ☐ Yes/ ☐ No

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or

Ministry of Corporate Affairs Portal or National Securities Depository limited portal for the purpose of undertaking KYC ☐ Yes/ ☐ No

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes/ ☐ No

I/We hereby give voluntary consent to BGIL/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes/ ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +917507245858), Contact our 24-Hour

Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-careforyou@bajajgeneral.com.in, website- <https://www.bajajgeneralinsurance.com/general-insurance.html>, contact your agent or nearest branch.

Declaration :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: _____

Date : _____

Place : _____

Name of Witness : _____

Signature of Witness : _____

Date : _____

Place : _____

Disability Declaration :

Any Physical deformity or handicap Yes No

If Yes. Please provide details: _____ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I _____ authorised representative of Mr./Miss/Mrs. _____ hereby giving consent on the behalf of the proposer due to his/her disability, that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative : _____

Signature of Authorised representative : _____

Date : _____

Place : _____

Claim Docs

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

Agent/ Intermediary Declaration :

I, _____, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuant to this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

IRDAI COR No./ License No. (Advisor/Corporate Agent/Broker/Relationship Officer)

Signature of Agent: _____

Date: _____ Place: _____

Agent / IMD (SP / DP / BQP) signature and their code

Agent/IMD Name _____ Agent/IMD Code _____ Agent/IMD Signature _____

SP / BQP / DP / PoS Name _____ SP / BQP / DP / PoS CoR No.: _____ SP / BQP / DP / PoS Signature _____

DISCLAIMER:

This message, including any attachments may contain proprietary, confidential and privileged information of our company [BGIL] for the sole use of the intended recipient(s), and is Strictly Confidential protected by law. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message and attachments, if any, from all your computer/mobile/network systems/servers/CPU. Any unauthorized person and or unauthorized purposes of review, use, disclosure, dissemination, forwarding, printing or copying of this email or any action taken in reliance on this e-mail is strictly prohibited and may be unlawful. BAJAJ GENERAL INSURANCE LIMITED reserves the right to record, monitor and inspect all email communications through its internal and external networks. Your messages can be subject to such lawful supervision as BAJAJ GENERAL INSURANCE LIMITED deems necessary in order to protect its information, interests, documents, records, and reputation. BAJAJ GENERAL INSURANCE LIMITED prohibits and may take suitable steps to prevent their information systems from being used to view, store or forward offensive or discriminatory or prohibited/unlawful material/records/documents. If this message contains such material, please report it to careforyou@bajajgeneralcom. Please ensure you have adequate virus protection before you open or detach any documents from this transmission. BAJAJ GENERAL INSURANCE LIMITED does not accept any liability for viruses. To report any incident of corruption please write on careforyou@bajajgeneralcom. If you like our services, like us on Facebook.