

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

ADDITION OF NON-MEDICAL EXPENSES COVER (RIDER) AND WAIVER OF ROOM CAPPING : PROPOSAL FORM

- Please answer all questions in BLOCK letters & attach the renewal notice along with this form.
- The Liability of the Company does not commence until this form has been accepted by the Company and premium has been paid.
- This form 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.

Please note:

- Non-medical expenses cover can be opted with any of the below product with Base Sum Insured 5 Lac and above
- Waiver of Room Capping can be opted with Health Guard Policy only with Base Sum Insured 5 Lac and 7.5 Lac

Existing Policy/icies:

Health Guard Health Ensure Health Care Supreme Extra Care Plus Extra Care Silver Health Star Package

Existing Policy Number(s):

Policy No. 1

Policy No. 2

Policy No. 3

Proposer Details

1. Full Name: Title _____ First Name _____

Middle Name _____ Surname _____

Is your name mentioned above as per your Aadhaar Card? : YES NO

If No, Please mention the Name as per Aadhaar Card _____

2. Mobile _____ Tel. _____

Email _____ @ _____

Member Wise details:

Member Name	Relationship with Proposer	Non-medical Expenses cover opted* (Yes/No)	Waiver of Room Capping** (Yes/No)	Any Pre-existing disease/disability (Yes/No)

*Non-medical expenses cover is applicable for Sum Insured 5 Lacs and above

**Waiver of Room Capping is applicable only to Health Guard Policy with Sum Insured 5 Lac and 7.5 Lac

NOTE: If opted, these will be applicable for all family members falling in the above Sum Insured eligibility criteria

Please provide details in the below table if you have any existing disease/disability

Member Name	Please specify the illness details with symptoms	Treatment details with treating Doctor details	Date first treated	Current Status of the Illness/ Diseases/Injury

Place: _____

Date: _____

Signature of Proposer

DECLARATIONS – 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 CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification. 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 Bajaj General/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 service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, WhatsApp Service (Say 'Hi' on WhatsApp- +91 7507245858), 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.co.in, website-<https://www.bajajgeneral.com/general-insurance.html>, contact your agent or nearest branch.