Bajaj General Insurance Limited (Formerly Known As Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. Reg No.: 113.
CIN: U66010PN2000PLC015329 / UIN : BAJHLIP26057V012526
Health Prime Rider-UIN: BAJHLIA24087V022324
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com

Proposal Form Unique Reference Number: Bajaj General/ Health/ Individual/054								
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

PROPOSAL FORM

AapKe Liye- Arunachal Pradesh

UIN- BAJHLIP26057V012526

Instructions for filling up the 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

1. Proposer Details

1. Full Name : Title | First Name | Middle Name | Surname

2. Are you an existing Bajaj General Customer: · Yes · No, if Yes please share below details

a. The Policy No.: _____

b. Existing Customer (PID) No.: _____ ☐ I hereby confirm that, there is no change in my existing KYC details that are available from my previous/existing policy

3. Gender : ☐ Male ☐ Female ☐ Other

4. Date of Birth

5. Pan No.

Do you wish to avail credit score discount if yes please provide below consent
· I/We hereby authorize Bajaj General Insurance Limited (·the Company·) to fetch my credit score from TUCIBIL and Bajaj General terms and conditions for the purpose of *CIBIL Discount.*

6. UID/Aadhaar No. *Enter last 4 digits only*

7. Bajaj General Employee Code , if Proposer is Bajaj General/Bajaj Life Employee

8. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

9. No. of children: ____Sons ___Daughters

10. Occupation ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ House wife ☐ Retired ☐ Other _____

11. Are you or any of your family members registered under the Ayushmaan Bharat Yojana? ☐ Yes ☐ No
If Yes please share your Ayushmaan Bharat Health Account Number (ABHA) No. in below table

2. Address

a. Permanent /Residential Address	b. Communication Address (all communications will be sent to below)
House No.: _____House Name : _____	House No.: _____ House Name : _____
Landmark/Locality: _____	Landmark/Locality: _____
Road/Area Name: _____	Road/Area Name: _____
City/District: _____	City/District: _____
State: _____	State: _____
Pin Code:	Pin Code:
Telephone: _____ Mobile: _____	Telephone: _____ Mobile: _____
Email: _____	Email: _____

3. Other Details

i. Educational Qualification	☐ Matriculate	☐ Under Graduate	☐ Graduate	☐ Post Graduate	☐ Professionally Qualified

ii. Proposer Monthly Income: Rs. _____ Only

iii. Nationality: _____

iv. Policy Term:	☐ 1 Year	☐ 2 Years	☐ 3 Years	**v.** Period of insurance	From	D	D	M	M	Y	Y	Y	Y

vi. Policy type	☐ Individual	☐ Floater		To	D	D	M	M	Y	Y	Y	Y

4.Details Of Persons To Be Insured

Member Name	DOB	Age	Gender	Ht. (cms)	Wt. (kgs)	Occupation	Relation	Nationality	ABHA Number
Proposer/Primary Insured 1	*(dd/mm*								
Insured 2	*(dd/mm*								
Insured 3	*(dd/mm*								
Insured 4	*(dd/mm*								
Insured 5	*(dd/mm*								
Insured 6	*(dd/mm*								
Insured 7	*(dd/mm*								
Insured 8	*(dd/mm*								
Insured 9	*(dd/mm*								
Insured 10	*(dd/mm*								

ABHA Declaration (Applicable only if you have shared the ABHA number with Us)

I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of Bajaj General and/or with any Governmental and/or Regulatory authority for the sole purposes o underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations

Nominee Details:	Name	DOB (dd/mm/yyyy)	Age	Relation
Nominee*				
Appointee (If nominee is minor)				

*If Nominee is "Others" please specify the relationship and reason*_____

**Nominee for Self (Primary Insured/Proposer) has to be one of the mentioned relations - Father/ Mother / Son / Daughter / Spouse/other , If others please specify*_____

**For all family member Primary insured will be the Nominee*

5. Plan and Sum Insured Details-

Member Name	Sum Insured (Individual)	Sum Insured (Floater)

Optional Covers-

Cover Name	Primary Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
1. Sum Insured Reinstatement ☐ Once ☐ Unlimited	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Super Cumulative Bonus ☐ 25% of SI max 100% ☐ 25% of SI max 200% ☐ 50% of SI max 100%	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Procedure wise/ Disease wise sub-limit	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Cashless Discount	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Voluntary Copayment: ☐ 5% ☐ 10% ☐ 15% ☐ 20% OR Voluntary Aggregate Deductible : ☐ 10,000 ☐ 20,000 ☐ 30,000 ☐ 40,000 ☐ 50,000 ☐ 1,00,000 ☐ 2,00,000 ☐ 3,00,000	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Note- Once cover is opted, cannot opt out at subsequent renewals.

6. Accidental Death Cover ☐ Yes ☐ No

Note: (Can opt only at inception/ renewal, can opt out at renewal, For proposer only)

7. Loyalty Discount

Do you have Motor, Health/ Personal Accident, Home, Cyber and Pet Insurance with a premium more than INR 2500. If yes please provide the details in below table

	Policy number		Policy period	LOB
Member 1				
Member 2				
Member 3				
Member 4				
Member 5				
Member 6				
Member 8				
Member 9				
Member 10				
Health Prime Rider	☐ Yes	☐ No	☐ Individual Option 3	☐ Floater Option 1

6. Health Status

	Primary Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7	Insured 8	Insured 9	Insured 10
i. Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? Please give duration and daily consumption?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ii. 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 _____	☐ Yes If yes ___kgs. ☐ No	☐ Yes If yes ___kgs ☐ No	☐ Yes If yes ___kgs ☐ No	☐ Yes If yes ___kgs ☐ No	☐ Yes If yes ___kgs ☐ No	☐ Yes If yes ___kgs ☐ No	☐ Yes If yes ___kgs ☐ No	☐ Yes If yes ___kgs ☐ No	☐ Yes If yes ___kgs ☐ No	☐ Yes If yes ___kgs ☐ No
iii. Has any of the persons to be insured suffer from/or investigated for any of the following										
Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy),vertebral column disorder/s, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
iv. Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and prior to 4 years and have been taking treatment, regular medication (self/ prescribed)or planned for any treatment / surgery / hospitalization? (Please provide details in the table given below)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If the reply is YES for question 30) i. And iv. please share details in below table

Member Name	Name of the Illness/injury suffered /suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury

7.Additional Details

Payment Mode	☐ Full Payment	☐ Instalment Payment				
		☐ Monthly	☐ Quarterly	☐ Half	☐ Annual	
Payment Details	☐ Cash	☐ Cheque	☐ DD	☐ Credit Card	☐ Debit Card	☐ UPI
Check- Given By	☐ Spouse	☐ Father	☐ Mother	☐ Son/Daughter	☐ Employer/Employee	☐ Financier

Amount	Transaction No.	Transaction Date	Bank Name	Branch

BIMA ASBA Declaration (Applicable only in case Premium payment through online payment mode) Bajaj General Insurance Limited (Formerly Known As Bajaj Allianz General Insurance Co. Ltd.) under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.			
Electronic-Insurance Account			
Please provide e-IA No. to deposit your insurance policy.	Do you want to open e-IA account	☐ Yes	☐ No
Bank Details			
Name as per Bank Account			
Name of the Bank:	IFSC Code:		
Bank Account No:	Account Type:		

Mobile No:	Email Address:		
☐ Bajaj General Insurance Limited (Formerly Known As Bajaj Allianz General Insurance Co. Ltd.) *aforesaid Bank Account and also agree to inform if there is any change in the above contact or bank details, for ensuring smooth policy servicing.*			
In case of any Offer, you would prefer to be contacted by:	☐ *Phone*	☐ *Email*	☐ *WhatsApp*

8. 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 Individual Policy/ oater Policy, and the proposal is subject to the Board approved underwriting policy of the Company and that the Policy will come into force only after Company's full receipt and realization 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 Insured Person(s) to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. Upon renewal of Policy, I/We agree to abide by the standard Terms and Conditions, unless otherwise mentioned by the Company in renewal Policy Schedule or attachments thereto.

I/ We declare and consent to the company seeking medical information from any doctor or from a hospital/institution who at anytime has attended on the Proposer/Insured Person to be insured 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 reinsurer, Governmental and/or Regulatory authority.

Date :

Place: Signature/ Thumb Impression of the Proposer

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

Date :

Place: Signature of Proposer Signature of Intermediary

Name of Witness: Signature of Witness

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 default in complyingwiththeprovisionsofthissectionshallbeliableforapenaltywhichmayextendtotenlakhrupees.

ACKNOWLEDGMENT:

Received from Ms. / Mrs. / Mr:_____

Sum of Rs._____through Cash# / Cheque / DD / Credit Card / Debit Card No._____against your proposal for Health Policy.

Bajaj General Official / Intermediary Name: _____

Signature of Bajaj General Official/ Intermediary

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion.

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/juridical /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.

- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums ifany, will continue to be paid out of legally declared and assessed source of income.

- 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 co
  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