

Bajaj General Insurance Limited

(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)

Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.

CIN: U66010PN2000PLC015329 | UIN: IRDA/NL-HLT/BAGI/P-P/V.I/278/13-14

Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com

Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)



Proposal Form Unique Reference Number: Bajaj General/ Health/ Individual/ 023

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

PROPOSAL FORM**PREMIUM PERSONAL GUARD POLICY****Instructions for filing up the 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 the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its 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.: OG _____
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) **Bajaj Employee Code, if Proposer is Bajaj General/Bajaj Life Employee:** _____
- 4) **Gender:** ☐ Male ☐ Female ☐ Other 5) **Date of Birth:**
- 6) **Pan No.:**

 7) **Aadhar ID:**
- 8) **Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Widowed
- 9) **No. of Children's:**

 Sons

 Daughters
- 10) **Occupation:** ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ Housewife ☐ Retired ☐ Others _____
- 11) **Are you or any of your family members registered under the Ayushman Bharat Yojana?** ☐ Yes ☐ No
If yes, please share your Ayushman Bharat Health Account Number (ABHA) in below table number 2.

12) Address Details: a) Permanent /Residential Address

House No:

House Name:

Landmark/Locality:

Road/Area Name:

City:

State:

Pin Code:

Telephone (Res.):

Telephone (Office):

Mobile Number:

E-mail: _____

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**b) Communication Address (all communications will be sent to below)**

House No.:																					
House Name:																					
Landmark/Locality:																					
Road/Area Name:																City:					
State:																Pin Code:					
Telephone (Res.):											Telephone (Office):										
Mobile Number:											E-mail:										

13. Other Details

- i) Educational Qualification: ☐ Matriculate ☐ Undergraduate ☐ Graduate ☐ Postgraduate ☐ Professionally Qualified
- ii) Proposer Monthly Income: INR _____ Only.
- iii) Nationality: _____
- iv) Citizenship: _____
- v) Policy Term: ☐ 1 Year ☐ 2 Years ☐ 3 Years
- vi) Proposed Period of insurance: From:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
- vii) Has any proposal for personal accident on your life or lives ever been postponed, declined or accepted on special terms? ☐ Yes ☐ No
If yes, give details _____
- viii) Policy type: ☐ Individual ☐ Floater

2. Details Of Persons to Be Insured

Member Name	Relationship with proposer	DOB (dd/mm/yyyy)	Age	Gender	Occupation	Any Existing disability / infirmity	Total Monthly Income	ABHA Number	Premium

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 of 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	Relationship with Proposer	Percentage of Nomination
Nominee*					
Appointee (If nominee is minor)					

*Nominee for Self (Primary Insured/Proposer) has to be one of the mentioned relations - Father/ Mother / Son / Daughter / Spouse/ Other.

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

*For all family member Primary insured will be the Nominee (For members other than Self 100 % Nomination to the Proposer only)

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**3. Coverage Selection Details**

Please tick the plan you have opted for under,

Plan A: 10Lac Plan B: 15 Lac Plan C: 20Lac Plan D 25 Lac

Add on Covers:

Accidental Hospitalization Benefit and Hospital confinement allowance: Yes No

Additional Members: Spouse Children Please specify the total No

Spouse: 50% Benefits of self-plan. Children: 25 % Benefits of self-plan. (Note - TTD benefit not available for children)

4. Premium Payment Details**Payment Options:** ☐ Full Payment☐ Instalment Payment: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual**Payment Mode:** ☐ Cash ☐ Cheque ☐ DD ☐ Credit Card ☐ Debit Card ☐ UPI**Cheque Given By:** ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Financer ☐ Employer/Employee

BIMA ASBA Declaration (Applicable only in case Premium payment through online payment mode)

☐ I hereby accord my consent to authorise Bajaj General Insurance Limited to block the applicable premium payable for the aforesaid insurance policy 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.

Amount: _____ **Transaction No.:** _____ **Transaction Date:** _____**Bank Name:** _____ **Branch:** _____**5. Electronic Insurance Account**

Please provide e-IA No. to deposit your insurance policy.: _____

Do you want to open e-IA account: ☐ Yes ☐ No**6. Proposer Bank Details**

Name as per Bank Account: _____

Name of the Bank: _____ IFSC Code: _____

Bank Account No: _____ Account Type: _____

Mobile No: _____ Email Address: _____

☐ I/We hereby authorize Bajaj General Insurance Limited ("the Company") to refund any amount related to my policy and/or claim directly credited to my aforesaid Bank Account and 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**7. Declaration***

- I 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 am authorised 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

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- 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 if any, will continue to be paid out of legally declared and assessed source of income.

Proposed Policy Period: From: DD / MM / YYYY To: DD / MM / YYYY

Date: DD / MM / YYYY

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: DD / MM / YYYY

Place: _____

Signature of Intermediary_____
Signature/ Thumb Impression of the Proposer

Date: DD / MM / YYYY

Place: _____

Name of Witness: _____

Signature of Witness

** This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/ Proposer is not knowing English.

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.

Date: DD / MM / YYYY

Place: _____

Name of Authorised Representative: _____ Signature of Authorised Representative

Agent details:

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**Agent 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.

Date: DD / MM / YYYY

Place: _____

Signature of Agent

*Please read declaration wordings carefully before signing the proposal form.

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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 complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

DECLARATIONS - PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a Politically Exposed Persons (PEP)* or a close relative of PEP*? ☐ Yes ☐ No
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."

- 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

Bajaj General App: <http://onelink.to/v9zp7c>,

WhatsApp Service (Say 'Hi' on WhatsApp- +91 75072 45858),

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

website- <https://www.bajajgeneralinsurance.com/general-insurance.html>

or contact your agent or nearest branch.



To support our Go Green initiative, we will send policy copy link on your registered mobile number/ email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy. ☐

ACKNOWLEDGMENT:

Received from Ms./Mrs./Mr: _____
sum of Rs. _____ through Cash# / Cheque / DD / Credit Card / Debit Card No. _____
against your proposal for Health Policy.
Date: _____

Signature of Bajaj General Official/Intermediary

Time: _____ Place: _____

Bajaj General Official/Intermediary Name: _____

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.