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 | My Family Complete: UIN: BAJHLIP27081V012627
Rider Cover: Health Prime Rider- UIN: BAJHLIA24087V022324
Fetal Flourish- UIN: BAJHLIA26070V012526 | Respect Rider (Retail) – UIN: BAJHLIA23141V012223
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com
Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

BAJAJ GENERAL
CARINGLY YOURS

Proposal Form Unique Reference Number: Bajaj General Health/Individual/069								
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.

PROPOSAL FORM
MY FAMILY COMPLETE

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.

(A) 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.: 6) Aadhar ID: Enter last 4 digits only

7) Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

8) No. of Children/ Pet(s): ____Sons ____Daughters ____Cats ____Dogs

9) Bajaj Employee Code, if Proposer is Bajaj General/ Bajaj Life Employee: _____

10) Occupation: ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ Housewife ☐ 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) in below table 'Details Of Persons to Be Insured':

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: _____

12 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 _____

iii) Nationality: _____

iv) Policy Term: ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years

v) Proposed Period of insurance: From: ____/____/_____ To: ____/____/_____

vi) Policy type: ☐ Individual ☐ Floater

(B) Details Of Persons to Be Insured

Sr No	Member Name	Relationship with Proposer	DOB (dd/mm/yyyy)	Age	Gender (M/F)	Ht. (CMS)	Wt. (kgs)	ABHA Number
1)								
2)								
3)								
4)								
5)								
6)								
7)								

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.

(C) Details Of Pet(s) to Be Insured

Member Name	DOB (dd/mm/yyyy)	Age	Gender	Species (Cat/Dog)	Breed	Tag Number/Micro Chip/ RFID if any	Unique Identification Description

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(D)Nominee* Details

Name	DOB (dd/mm/yyyy)	Age	Relation	Mobile No	Email Id	Present Address	Percentage of Nomination
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
*For all family member Primary insured will be the Nominee.
For members other than Self 100 % Nomination to the Proposer only.

(E) a. Plan and Sum Insured Details

Member Name	Sum Insured (Individual)	Optional Aggregate Deductible*	Sum Insured (Floater)	Optional Aggregate Deductible*

*Applicable only to Insured Person(s). Refer Policy Wordings for the combination available to Optional Aggregate Deductible

(E) b. Selection of Optional Covers/ Riders

1) Variation in Room Rent* (Default Single Private A/C Room)	☐ Yes ☐ No	12) Age Shield	☐ Yes ☐ No
2) Reduction in Pre-Existing Disease Waiting Period* (Default 36 months)	☐ Yes ☐ No	13) Super Cumulative Bonus*	☐ Yes ☐ No
3) Reduction in Specific Disease Waiting Period* (Default 24 months)	☐ Yes ☐ No	14) Extended Pet Stay (Applicable only to Insured Pet)	☐ Yes ☐ No
4) Air Ambulance*	☐ Yes ☐ No	15) Pet Third Party Liability Cover* (Applicable only to Insured Pet)	☐ Yes ☐ No
5) Major Illness and Accident Multiplier (Indemnity)	☐ Yes ☐ No	16) Long Term Care (Applicable only to Insured Pet)	☐ Yes ☐ No
6) Double Sum Insured Benefit	☐ Yes ☐ No	17) Finding Your Pet (Applicable only to Insured Pet)	☐ Yes ☐ No
7) Cost of Prescribed External Medical Aid	☐ Yes ☐ No	18) Respect Rider (If Respect Rider is opted, please furnish details in the attached annexure, Applicable only to Insured Person)	☐ Yes ☐ No
8) Consumables Plus	☐ Yes ☐ No	19) Health Prime Rider* (Applicable only to Insured Person)	☐ Yes ☐ No
9) Health Limitless (For SI 10 lakhs and above)	☐ Yes ☐ No	20) Bundle of Joy a) For Insured Pet ☐ Yes ☐ No	b) For Insured Person ☐ Yes ☐ No
10) Walk to win Discount (Applicable only to Insured Person)	☐ Yes ☐ No	21) Paw Promise Benefit (Applicable only to Insured Pet)	☐ Yes ☐ No
11) Global Cover (For SI 10 Lakhs and above) *	☐ Yes ☐ No		

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GENERAL BAJAJ
CARINGLY YOURS

*If any of the above optional covers/ riders are opted please select the relevant option from below table	
Variation in Room Rent: ☐ Actuals	Reduction in Specific Disease Waiting Period: ☐ 12 months
Super Cumulative Bonus: ☐ 50% upto 200% ☐ 50% upto 500% ☐ 100% upto 200% ☐ 100% upto 500% ☐ 100% upto 600%	Pet Third Party Liability: If yes (specify amount in multiples of 10,000, Range 10,000 – max up to 2 times of Base SI) ____________
Reduction in Pre-Existing Disease Waiting Period: ☐ 12 months ☐ 24 months	Global Cover: Mandatory Co-pay Option: ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50%
Air Ambulance: If yes (specify amount in multiples of 1,00,000 max up to INR 10,00,000) __________	Health Prime Rider: If Yes, ☐ Individual ☐ Floater Plan Option__________

*Optional Covers/ Riders selected by proposer will be applicable to all dependent members

Insta Shield						
Cover Name	Insured Person 1	Insured Person2	Insured Person3	Insured Person4	Insured Pet 1	Insured Pet 2
Insta Shield	If yes, please select the conditions below ☐ Asthma ☐ Diabetes ☐ Hypertension (Blood pressure) ☐ Hyperlipidaemia (Cholesterol) ☐ Obesity ☐ Hypothyroidism	If yes, please select the conditions below ☐ Asthma ☐ Diabetes ☐ Hypertension (Blood pressure) ☐ Hyperlipidaemia (Cholesterol) ☐ Obesity ☐ Hypothyroidism	If yes, please select the conditions below ☐ Asthma ☐ Diabetes ☐ Hypertension (Blood pressure) ☐ Hyperlipidaemia (Cholesterol) ☐ Obesity ☐ Hypothyroidism	If yes, please select the conditions below ☐ Asthma ☐ Diabetes ☐ Hypertension (Blood pressure) ☐ Hyperlipidaemia (Cholesterol) ☐ Obesity ☐ Hypothyroidism	If yes, please select the conditions below ☐ Asthma ☐ Diabetes ☐ Hypertension (Blood pressure) ☐ Hyperlipidaemia (Cholesterol) ☐ Obesity ☐ Hypothyroidism	If yes, please select the conditions below ☐ Asthma ☐ Diabetes ☐ Hypertension (Blood pressure) ☐ Hyperlipidaemia (Cholesterol) ☐ Obesity ☐ Hypothyroidism
NRInsure*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

*NRInsure: By selecting 'Yes,' you hereby acknowledge and confirm that insured's residency status is NRI/OCI.
The following documents must be submitted for verification at the time of inception and all subsequent renewals:
- A copy of valid Passport with applicable Visa Stamping.
- Applicable Tax Documentation, Work Visa, or Employment/Work Permit outside of India.
- A signed Residential Agreement (lease/rental or ownership) in the overseas address.
- Any other document as may be specified by the Company from time to time.

Cover Name	Insured Person 1	Insured Person2	Insured Person 3	Insured Person4	Insured Person 5	Insured Person6
Fetal Flourish	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Fetal Flourish-Applicable only to Insured Person

Health Questionnaire (If Fetal Flourish Rider is opted):

1. Have you or your spouse / partner or family member of either family (maternal or paternal) suffered from or are suffering from any genetic disease or have been advised any test to evaluate genetic disorders? Examples- Thalassemia, Down Syndrome, Sickle Cell Anaemia, Cystic Fibrosis, Haemophilia or any other chromosomal abnormality, etc. ☐ Yes / ☐ No
   If YES to question above, please share details in below table,

Name of the person	Name of the Illness/ injury suffered/ suffering in the past	Treatment Details	Date first treated	Current status of the Illness/ Disease/ Injury

(F) Fitness Discount: (Please share the details of the marathon run in the table below) *Applicable only to Insured Person

Member Name	Name of Marathon	Date (within 12 months)	No. of Kilometer run
Member 1			

Member 2			
Member 3			
Member 4			
Member 5			
Member 6			

(G) Loyalty Discount: Do you have a Bajaj General Motor, Health, Home, Cyber and Pet Insurance policy with a premium more than INR 2500. ☐ Yes / ☐ No
If yes please provide the details in below table.

Member Name	Policy number	Policy period	LOB
Member 1			
Member 2			
Member 3			
Member 4			
Member 5			
Member 6			

(H) Health Status

a. Has any of the persons/pet(s) 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) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV. ☐ Yes / ☐ No
If yes, indicate in the table given below. If yes please provide details,

b. 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? ☐ Yes / ☐ No

c. Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form?
☐ Yes / ☐ No
Please give duration and daily consumption_____
If the reply is YES to any questions from a. to c., 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

d. Have any of your immediate family members (father, mother, brother or sister) have/ had diabetes, hypertension, cancer, heart attack, or stroke and at What age? ☐ Yes / ☐ No
If yes, was it before age 60 years or after 60 years?

Member Name	Relationship with Proposer	Disease Name	At what Age illness suffered

e. 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? ☐ Yes / ☐ No
If yes, give details, _____

f. Have you or any of the persons proposed to be insured were/are detected as COVID positive. ☐ Yes / ☐ No
If Yes, Give Date of Detection and Treatment Details_____

(I) Additional Details

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

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

☐ I hereby accord my consent to authorize the 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:

*Note- Cash payments are not eligible for 80D tax benefits.

(J) Electronic-Insurance Account (e-IA)

Please provide e-IA No. to deposit your insurance policy: _____	If you do not have e-IA No. then do you want to open e-IA account? ☐ Yes ☐ No

(K) 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 the Company ("the Company") to refund any amount related to my policy and/ or claim directly credited to my 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

(L) Declaration*

- I/ We hereby declare, on my behalf and on behalf of all persons/pets 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/pets.
- I understand that the information provided by me will form the basis of the Individual Policy/Floater 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 any time has attended on the Proposer/Insured Person/Insured Pet 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.
- 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.

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 Intermediary Signature of Intermediary

Name of Witness: _____

Date: _____/_____/_____

Place: _____ _____

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 or if the Prospect/Propose is not knowing English.

(M) Disability Declaration

Do you have any permanent physical or mental impairment or disability? ☐ 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.

Details		
Name of Member	UDID (Unique Disability ID)	Percentage of Disability

Name of Authorised Representative: _____

Date: _____/_____/_____

Place: _____ _____

Signature of Authorised Representative

(N) 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

(O) 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.

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BAJAJ GENERAL
CARINGLY YOURS

Date: _____/_____/_____
Place: _____

_____
Signature of Agent

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

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.

(P) DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a 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 Insurance Limited/ 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
  contact your agent or nearest branch.

GO GREEN

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. ☐

(Q) ACKNOWLEDGMENT

Received from Ms./Mrs./Mr: _____

sum of INR. _____through Cash/ Cheque/ DD/ Credit Card/ UPI / Debit Card No. _____ against your proposal for Health Policy.

Date: _____/_____/_____
Time: _____
Place: _____

_____
Signature of Bajaj General Official/Intermediary

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.

Note: For Portability Proposal kindly fill the Portability Annexure separately.