



For Office Use Only:

| Scrutiny No. | Receipt No. | Policy No. | | |
|--------------|-------------|------------|--|--|
| | | | | |

For Agent Use Only:

| Emp/LG Code | Loan Account Number | Intermediary Code | Sub Intermediary Code | Intermediary Name | Mobile No. |
|-------------|---------------------|-------------------|-----------------------|-------------------|------------|
| | | | | | |

HEALTH CARE SUPREME INDIVIDUAL POLICY - PROPOSAL FORM

INSTRUCTIONS FOR FILLING UP THE FORM

- Please answer all questions in BLOCK letters
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
- 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

| PROPOSER DETAILS | | |
|--|-------------------|--|
| 1) Full Name Title | | First Name |
| Middle Name | | Surname |
| 2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please | mention the Poli | ry No: OG |
| 3) Gender: Male Female 4) Date of Birtl | | л Y Y Y Y S) PAN No. |
| 6) UID/Unique ID | | nz Employee Code, if Proposer is BAGIC/BALIC Employee |
| | | |
| | | |
| 10) Occupation Business Salaried Professional | Student | House Wife Retired Others |
| 11 A) PERMANENT / RESIDENTIAL ADDRESS | | 11 B) CORRESPONDENCE ADDRESS: (All the communications will be sent to the below addressed) |
| House No. House Name | | House No. House Name |
| Landmark/ | | Landmark/ Locality |
| Road/ Area Name | | Road/ Area Name |
| City/District | | City/District |
| State Pin Code | | State Pin Code Pin Code |
| Tel. | | Tel.(Res.) |
| Mobile | | Tel.(Office) |
| Email | | Mobile Number |
| | | E-Mail |
| 12) Educational Qualification: Matriculate Under | Graduate | Graduate Post Graduate Professionally Qualified |
| 13) Family Monthly Income: Up to ₹20,000 ₹20,00 | 1 to ₹50,000 | ₹50,001 to ₹1 lakh Above ₹1 lakh |
| 14) In case of any Offer, you would prefer to be contacted by: | one Email | 15)Nationality |
| Medical Expenses Section :- Details of the persons to be insured | | |
| | 505 | |
| Sr Name | DOB (dd/mm/yy) | Age Gender (M/F) Ht Wt Occupation Relation Nominee Relations of Nomin |
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| 16) Period of Insurance: From D D M M Y Y Y Y | To D | M M Y Y Y |
| Add On Covers – Optional (please tick option opted for and ment | ion sum insured | in table given below) |
| a. Ancillary Expenses Benefit Section:- Yes No | | |
| b. Critical Illness:- Yes No | | |
| c. Personal Accident:- Yes No | | |

No

| Sr No. Name | | Hospita | Hospitalisation Section Ancillary Expe | | nses Critical Illness | | | Personal Accident* | | |
|-----------------|---|--|--|--|----------------------------|--------------------------------------|----------------------------|--|--------------|----------|
| of two. | | Поэри | riospitalisation section Anciliary Expenses | | 303 | Critical lilness | | Personal Accident* | | |
| | | | | | | | | | | |
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| *For depe | ndent family members tl | he maximum Sum Insur | ed under Personal Ac | cident would be ₹ 5l | acs. | | | | | |
| | nave any other Health pol | | ccident Policy/policies | (with us or any othe | er insurer) | if yes, please prov | vide the detail | s in the below tal | ole. If | opting |
| for porta | ability, please fill the porta | ability annexure | | | | | | | | |
| Name of | Incurad | Name of Insu | rance Company | Details of p | | Sum Insured | Period of insurance | | First policy | |
| Name of | ilisureu | Name of misu | rance company | policy / pol | | Sullillisuleu | From MM/DD/YY | To MM/DD/YY | ince | eption d |
| | | | | | | , , | | | | |
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| | | | | | | | | | | |
| 3) Medical h | nistory:- | | | | | | | | | |
| , | y - | Questions | | | | | | | | Yes / N |
| uring the l | ast 4yrs and before 4yrs, | | ed insured consulted | any physician for tre | atment or | medical investig | ation or surgic | cal operation, | | 100 / 1 |
| ccident or | been hospitalized for any | / disorder? | | | | | | - | | |
| lave any of | the proposed insured's e | ver been diagnosed wit | h or advised to seek t | reatment for any on | e or more | from the followir | ng: heart disea | se, Diabetes/ rai | sed | |
| | High blood pressure/ Hyncer, Disease of kidney, L | | | dicardar mantal illa | oss Congo | nital / Pirth dafac | t Dhysical dof | ormity or UIV//AI | DC | |
| | eye, ear, nose or throat, | | | | | | t,Pilysical deli | offility, of miv/Al | טט | |
| | ness, impairment, disabi | | • | or disorder of repr | oudelive o | r armary system | | | | |
| ave any of | the proposed insured's P | arents, brothers or siste | ers had heart disorder | | | or mental disord | ler, hereditary | or chronic disor | der? | |
| , | proposed insured currer | , , , | on/ treatment for any | y disease or disorder | ? | | | | | |
| | proposed insured currer the proposed insured pro | | r rainstatament of life | haalth and assidar | t incurance | a ayar baan daali | nod nostnone | d with drawn ar | | |
| | th modified terms by any | | i remstatement of me | e, nearm and accider | it iiisui ai iti | e ever been decii | neu, postpon | eu, williurawii oi | | |
| | al information:- If you have | | of the above questions | s please furnish deta | ils:- | | | | | |
| in . | - | | | | | nt dotails with t | roating | Outcome of | | |
| lo N | ame of the proposed in | sured | Please specify the illness details With symptoms | | | Doctor details | | (e.g. Ongoing, complete recove recurrent or likely to recur) | | |
| | | | | | | | | recurrent or in | cely to | recurj |
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| D) Does any | person proposed to be in | nsured smoke or consun | ne tobacco, alcohol or | any other form of To | obacco? | Yes No | | | | |
| | | | | | | | | | | |
| *DECLAF | RATION | | | | | | | | | |
| 1. I h | nereby declare, on my bo | ehalf and on behalf of | all persons proposed | to be insured, that | the above | statements, ans | wers and/or p | articulars given | by me | e are |
| tru | ue and complete in all re | espects to the best of m | y knowledge and that | I am authorised to p | ropose on b | ehalf of these oth | ner persons. | _ | | |
| | understand that the infor | | | | , is subject | t to the Board ap | proved underv | riting policy of | the in | isurer |
| | d that the policy will cor urther declare that I will no | | | | health of | the life to beins | ured/pronoser | after the propo | sal ha | as been |
| SU | bmitted but before comm | nunication of the risk acc | ceptance by the compa | anv. | | | | | | |
| | declare that I consent to | | | | hocnital wh | o/which at any t | time has attend | dad on the norce | n to b | oe . |
| | | | | | | | | | | |
| in | sured/proposer or from a | ny past or present emplo | yer concerning anyth | ing which affects the | physical or | mental health of | the person to | be insured/prop | oser a | |
| in: se | sured/proposer or from a eking information from | ny past or present emplo any insurer to whom a | yer concerning anyth n application for insur | ing which affects the | physical or | mental health of | the person to | be insured/prop | oser a | |
| in: se ur | sured/proposer or from a | ny past or present emplo any insurer to whom a and/or claim settlement | oyer concerning anyth n application for insur | ing which affects the rance on the person | physical or to be insur | mental health of ed /proposer has | the person to been made | be insured/prop or the purpose | oser a | and |

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

Proposed Policy Period: From: DD/MM/YYYY , To: DD/MM/YYYY Date: D

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 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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.

Signature of Proposer

 $\ensuremath{^{*}}$ Please read declaration wordings carefully before signing the proposal form.