



Section B: Has any of the person proposed to be insured ever suffered from/ are currently suffering from any of the following :

Questions	Yes / No
1 High or low blood pressure, Hypertension, Chest Pain, or any other cardiac disorder?	
2 Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder	
3 Ulcer(Stomach/Duodenal),liver or gall bladder disorder or any other digestive tract disorder?	
4 Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/ urinary tract disorder	
5 Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc) disorder	
6 Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder?	
7 Tumor (Swelling)-benign or malignant, any external ulcer/growth/cyst/mass anywhere in the body?	
8 Arthritis, Spondylosis or any other disorder of the muscle/bone/joint	
9 Diseases of the Ear/Nose/Throat/Teeth/ Eye (please mention Dioptres in case of refractory error) ?	
10 HIV/AIDS or sexually transmitted diseases or any immune system disorder	
11 Anaemia, Leukaemia, Lymphoma or any other blood/lymphatic system disorder	
12 Psychiatric/Mental illnesses or sleep disorder	
13 Uterine Fibroid, Fibroadenoma breast or any other Gynaecological (Female reproductive system)/Breast disorder?	
14 Any other illness or injury not mentioned above?	

Section C: Has any of the persons proposed to be insured:

Questions	Yes / No
1 Been addicted to alcohol, narcotics, and habit forming drugs or been under detoxication therapy?	
2 Been under any regular medication (self/ prescribed)?	
3 Undertaken any lab/blood tests, imaging tests viz. scans/MRI other than routine health check-up or pre-employment check-up?	
4 Undertaken any surgery or a surgery been advised and have surgery still pending?	

Section D -Name and details of Illness/ Medicine/Test/ Surgery/ (for questions answered as Yes in Section B & C above)	Exact Diagnosis	Diagnosis Date	Date of last consultation	Treatment In/Outpatient and details of treatment given	Doctor/Hospital Name & Phone No.
Insured Person 1					
Insured Person 2					
Insured Person 3					
Insured Person 4					
Insured Person 5					
Insured Person 6					

Section E: : Does any person proposed to be insured smoke or consume gutkha/pan masala or alcohol.

YES  NO

If yes please provide the details and quantity per week \_\_\_\_\_

18. Payment Details

Mode of payment:  Cash/  Debit Card/  Credit Card/  Others

Instrument No.	Name of the Premium Payer	Relationship of Payer with Proposer	Bank Details	IFSC Code	Account No	Amount (in Rs.)

Please make a A/C Payee Cheque/DD/Pay Order in favour of 'Bajaj Allianz General Insurance Company Limited'

20. In case of any Offer, you would prefer to be contacted by:  Phone  Email

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 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.

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature, Name and Address of Witness

Signature/ Thumb Impression of the Proposer

Proposed Policy Period: From: DD/MM/YYYY , To: DD/MM/YYYY (Applicable only if the Proposer has affixed Thumb Impression)

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and Terms and Conditions of the policy to the Proposer in the language understood to him / her and that the Proposer has affixed the thumb impression above after fully understanding the contents thereof.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Place \_\_\_\_\_

Signature of the Declarant (Intermediary/ Agent/ Insurance Official) \_\_\_\_\_

Name of the Declarant: \_\_\_\_\_

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 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.



To support our Go Green initiative, we will send the policy copy on your email. This is a digitally signed valid document. Please confirm if you still want to receive the physical hard copy of insurance policy  Yes  No

Bajaj Allianz General Insurance Co. Ltd | G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113.

Website: www.bajajallianz.com | Call: 1800-209-0144/1800-209-5858 | CIN: U66010PN2000PLC015329 | E-mail: customercare@bajajallianz.co.in