

Bajaj Allianz General Insurance Co. Ltd. G.E. Plaza, Airport Road, Yerawada, Pune - 411 006.

For Agent Use Only:

For Office Use Only:
----------------------

	•	
Scrutiny No.	Receipt No.	Policy No.

For Agent Use Only:

(25%)

Emp/LG Code	Loan Account Number	IMD Code	Sub IMD Code	IMD Name	Mobile No.

## STAR PACKAGE PROPOSAL FORM

## INSTRUCTIONS FOR FILLING UP THE FORM:-

- 1. 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 2.
- 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

Propo	ser Details									
1) Ful	Name: Title	First Name								
Middl	e Name	Surname								ĺ
										J
2) Are	you an existing Bajaj Allianz Customer: Yes / No If yes, please me	ention the Policy No: OG								_
3) Ge	nder: Male Female Other 4) Date of Birth	D D M M Y Y	Y	5) PAN	No.					
6) UID	/Unique ID:	7) Bajaj Allianz Employee	e Code, if Pro	poser is B	AGIC/BALIC	Employee				
8) Mai	ital Status: Married Single Divorced Widow	red 9) No. of Children	Sons	Daug	ghters					
10) 00	cupation Business Salaried Professional	Student House Wife	Retire	d C	thers					
11 a)	Permanent / Residential Address	11 b) Corres	spondence A	Address: (/	All the commu	nications wi	ll be sent to	the belov	v address)	
House	No.           House	House No.			House	1 1				
Landn	Name Name	Landmark/			Name			_		İ
Locali Road/		Locality '						_		 
Area N	lame	Area Name								
City/D	istrict	City/District								
State	Pin Code	State				Pin Code				
Tel.		Tel.(Res.)				_				
Mobile		Tel.(Office)								
Email		Mobile Numl	ber		ii					
		E-Mail								
12) Fd	ucational Qualification: Matriculate Under Gra	aduate Gradu	ıate		Post Gradua	ate [	Profe	ssionally	Qualified	ĺ
,			,001 to Rs. 1	lakh 🗌	Above Rs. 1	L		ssionally	Quanneu	
,	case of any Offer, you would prefer to be contacted by: Phon							1		
-			¬ '		2,,,,,,,,					ı
,		) Policy Period :	1 year		2 year	3	year			
Plan E	retails  Im three sections to be opted. Please encircle the cover to be opt	ted.								
Section	Products	Plan A	Plan B		Plan	C	$\top$	Plan D		
1	Hospital Cash	500	1000		2000		_	2500		
2	Health Guard	150000	20000	0	3000	000		500000		
3	Critical Illness	100000	15000	00 200000		000	300000			
4	Personal Accident	200000	30000	400000		000	500000			
5	Education Grant	200000 3000		400000		000	500000			
6	Householders contents	100000 2000		300000		000	400000			
7 Traveling Baggage		10000 2000		00 30000			40000			
8	Public liability	200000	30000	0	4000	000		500000		
	o of sections opted for select the add on covers for Health Guard section (Optional -	If antad it is a mandatany	antor for all	`						
		· II opted it is a mandatory c	Lover for all	•	al Dromi	0 10	looso tiel:	the cat		
S NO 1	Add on coverage on Health Guard section  Accommodation to Relative Rs. 500/- per day for 10 days				ial Premiun (25 %)	n   P	lease tick	ine optio	DII	
2	Organ Transplant expenses of donor up to Rs.100,000/-				(25 %) (25 %)					
3	Accidental Emergency, Reconstructive Surgery (In case of a	iccident),			/					
	Physiotherapy, Medical evacuation upto Rs.50,000/-			(10%)						
4	Burial, Cremation Expenses Rs.25000/-				(10%)					
5	Medical expenses for accidental hospitalization SI under he	1								

for accidental hospitalization and related surgeries

Please tick the opted deductile Discount (%)	<u> </u>		-		1						
Discount (%)	ble										
	10.00%	15.00	0%	17.50%	20.00%	22.50%	25.0	00%	27.50%	30.00%	32.50
ritical Illness: Please indicate if your Self + Spouse Self + Spouse + 3 Children buseholders conntents (First Losong with value with value other	Self + S Self + S Self + S ss) Fire perils includ	oouse + 1 oouse + 4 ( ng earthqu	Children		hild Self + Spo			% of SI und	der this se	ction to be s	pecifically do
etails of the persons to be insure	ed										
Sr Name	DOB (dd/mi /yy)	n Age	Gende (M/F)	1 4 1	Wt Occu	pation Re	ation	Net Mont Incom		Nominee	Relatio Nomir
	etwork Hospitals)	Ye	s No								
) Period of Insurance: From	D M M Y	ΥΥΥ	Y То	D D	M M	YYY					
backache, any congenital/ birth	n defects/ urinary di	seases, AID	S or posi	tive HIV, If	yes, indicate ii	n the table gi	ven below	<b>'</b> .			Yes
Prior to age 60ýrs?  es please provide details  ) Please confirm, if any of the per	n defects/ urinary di diate family membe rson to be insured is mbers to be covered	rs (father, n	OF OF POSITION OF STATE OF THE POSITION OF T	ales Only)	yes, indicate ii iister) have/ h.	n the table gi ad cancer, he	ven below art attack,	or stroke	and at W	hat age?	
backache, any congenital/ birther) Have you or any of your immed Prior to age 60yrs?  yes please provide details  Please confirm, if any of the performance of the performance of the family menter treatment/ hospitalization? (Please compared to the family menter of the family menter	n defects/ urinary di diate family membe rson to be insured is mbers to be covered lease provide detail.	pregnant ( I have/had in the table	OF OF POSITION OF STATE OF THE POSITION OF T	ales Only)	yes, indicate ii iister) have/ h.	n the table gi ad cancer, he	ven below art attack,	or stroke	and at W	hat age?	Yes Yes
backache, any congenital/ birther.) Have you or any of your immed Prior to age 60yrs?  yes please provide details  b) Please confirm, if any of the performance of the performance of the family ment treatment/ hospitalization? (Please) Illness/injury details of the past	n defects/ urinary di diate family membe rson to be insured is mbers to be covered lease provide detail.	pregnant of the table 4 years.	OF OF POSITION OF STATE OF THE POSITION OF T	ales Only)	yes, indicate ii iister) have/ h.	n the table gi ad cancer, he	ny months in thepast f the s / ffered he in hast	or stroke	and at W	hat age?  Deen taking	Yes Yes
backache, any congenital/ birth  Have you or any of your immed Prior to age 60yrs?  yes please provide details  Please confirm, if any of the per Do you or any of the family mer treatment/ hospitalization? (Pl	rson to be insured is mbers to be covered lease provide details t 4years and prior to  Name of the Illness /injury suffered / suffering in the	pregnant of the table 4 years.	(For Fem	ales Only)	yes, indicate in inster) have/	tate how ma  any accident  Name o  Illnes  injury su  any tin	ny months in thepast f the s / ffered he in hast	t 4 years a	and at W	hat age?  Deen taking	Yes Yes Yes Yes Yes Current Stat of the Illnes

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 insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt 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 life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.								
I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/propose 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 to settlement and with any Governmental and/or Regulatory authority."	the sole purpose of proposal underwriting and/or claims							
Date :								
Date :	Signature of Proposer							
Place :	Signature of Proposer							
	Signature of Proposer							
Place :	Signature of Proposer							
Place :  Name and Designation:	ew or continue an insurance in respect of any kind of risk nium shown on the policy, nor shall any person taking out blished prospectus or tables of the insurer ANY PERSON AY EXTEND TO FIVE HUNDRED RUPEES. Certified that the							
Place:  Name and Designation:  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 rene relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the pren or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the pu MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLY WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT IN COMPLY WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAKING FAULT WITH THE PROVISION SHALL BE PUNISHABLE WITH FINE WHICH WITH THE PROVISION SHALL BE PUNISHABLE WITH FINE WHICH WITH THE PROVISION SHALL BE PUNISHABLE WITH FINE WHICH WITH THE PROVISION SHALL BE PUNISHABLE WITH THE PR	ew or continue an insurance in respect of any kind of risk nium shown on the policy, nor shall any person taking out blished prospectus or tables of the insurer ANY PERSON AY EXTEND TO FIVE HUNDRED RUPEES. Certified that the							
Place:  Name and Designation:  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 renerelating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the prenor renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the pumaking FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH Maccontents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully un	ew or continue an insurance in respect of any kind of risk nium shown on the policy, nor shall any person taking out blished prospectus or tables of the insurer ANY PERSON AY EXTEND TO FIVE HUNDRED RUPEES. Certified that the							

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

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

## **PORTABILITY FORM**

F	PARTI									
1)	Name of the Policyholder / insured (s)_									
2)	Date of Birth / Age									
3)	Address of policyholder / insured									
4)	Details of existing insurer									
	i. Name of the product									
	ii. Sum Insured									
	iii. Cumulative Bonus									
	iv. Add ons/Riders taken									
	v. Policy Number									
5)	5) Details of the proposed insurance									
	i. Name of the product proposed/intend	ed to take								
	ii. Sum insured proposed									
	iii. Whether Cumulative Bonus to be con									
6)	Reason (s) of portability									
7)										
						Danie def	I			
		Details of Previous Health	Health ID	Sum		Period of	Insurance	First Policy		
	First Name of Insured	Insurance Policy / Policy No.	Card number	Insured	СВ	From dd/mm/yyyy	To dd/mm/yyyy	inception		
						du/iiiii/yyyy	uu/iiiii/yyyy	date		
En	closure: Photocopy of the existing policy	documents								
			Signature of	Proposer						
Da	te D D M M Y Y Y		Signature of	Порозел						
F	PART II									
1.	Whether the PED exclusions / time bou	nd exclusion have longer exclusion pe	eriod than existi	ng policy				Yes / No		
	(Please indicate Yes /No)									
2.	If yes , please give written consent to th	e declaration below:								
"I a	nm aware that the waiting period for the f	following disease (s)/ treatment (s) is .	days/years n	nore than the	previous polic	y terms, I herel	oy agree to obs	erve the		
ad	ditional waiting period for the following o	liseases (s)/ treatments (s)								
		••								
				_						
			Signature of Po	iicyholder						