

IMD Code	Sub IMD Code	IMD Name	Mobile No.	Emp/LG Code

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 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

14) In case of any Offer, you would prefer to be contacted by: ☐ Phone ☐ Email

Loan Account Number: | | | | | | | | | | | | | | | | | | | | | |

Past Insurance Details

- 1) Name and address of the previous insurer
- 2) Previous Policy Number Policy expiry date :
- 3) Claims taken in previous policy: Yes ☐ No ☐ If Yes, No. Of Claims Claim Amount:
- 4) NCB Earned on last policy (if applicable): % (Please attach a copy of renewal notice from the previous insurer)

Driver Details

The vehicle would be driven by: ☐ You, the proposer only ☐ You and Your Spouse ☐ You, Your Spouse and any other person named below.
Please give details of main drivers/ named drivers referred above:

Sr. No.	Name in Full	Relationship with the Proposer	Date of Birth	Occupation	No. of Driving Years	Suffering from any disease / infirmity
1						
2						

In case of additional drivers, kindly attach a separate sheet.

Proposed Coverage

- 1) Additional Compulsory Deductible Applicable: Rs
- 2) Whether geographical area extension to the following countries is required?
☐ Bangladesh, ☐ Bhutan, ☐ Maldives, ☐ Nepal, ☐ Pakistan, ☐ Sri Lanka (Please tick whichever applicable)
- 3) Documents attached: ☐ Cover Note ☐ Renewal Notice ☐ Policy Copy ☐ Inspection Report ☐ Registration Certificate ☐ Declaration

PA Owner Driver : Nomination Details

1) Personal Accident Cover for Owner -Driver is compulsory under Private Car/Two Wheeler Package Policy. Please give the details of Nominations.

- a) Name of the Nominee:
- b) Age of the Nominee: c) Relationship of the Nominee to the Owner-Driver:
- d) Name of the Appointee (required only if the Nominee is a minor)
- e) Relationship of the Appointee to the Nominee:

Note: a) Personal Accident cover for Owner-Driver is compulsory for Sum Insured of Rs. 1 lakh for Two Wheeler and Rs. 2 lakhs for Private Cars. b) Compulsory PA cover to Owner-Driver cannot be granted where a vehicle is owned by a company, a partnership firm or a small body corporate or where the Owner-Driver does not hold an effective driving license.

2) Do you wish to Opt for Personal Accident Cover for named Persons: Yes ☐ No ☐

If Yes, give name & Capital Sum Insured (CSI) opted for

Sr. No.	Name	CSI Opted (Rs.)	Nominee	Relationship

(Note 1: In Case of additional persons, kindly attach a separate sheet. 2) As per the provisions of IMT 15, the maximum Sum Insured available per person is Rs 1 lakh in case of Two wheeler & Rs 2 lakhs in case of Private Car.)

Premium Calculation Table

(A) Insured Declared Value (IDV) of the vehicle		(C) Value of Electrical accessories fitted to the vehicle	
(B) Value of CNG/LPG kit		(D) Value of Non-Electrical Accessories fitted to the vehicle	
		TOTAL IDV in Rs (A+B+C+D)	
Own Damage	Amount	Liability	Amount
Own Damage @ ____%		Basic TP Cover	
CNG/LPG kit		(-) TPPD Restriction (Statutory limit of Rs. 6000)	
Electrical/Non-Electrical Accessories		CNG/LPG	
(-) NCB @ ____%		PA for Owner-Driver	
(-) Voluntary Excess of Rs. _____		PA for Passengers	
(-) Commercial Discount @ ____%		Sum Insured per person (Rs.)	
Add-on Package Opted:		Number of persons	
Package Name : _____		Legal Liability to Paid Driver	
		Legal Liability to other employees	
		Number of employees	
TOTAL		TOTAL	
Net Premium (Own Damage + Liability)			
Service tax @ ____%			
Gross Premium			

Payment Details

Cheque ☐ Cheque No:

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 Cheque Date:

D	D	M	M	Y	Y	Y	Y
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 Cash ☐ Credit Card ☐ Others _____

Declaration

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that to the best of my personal knowledge and belief that the vehicle is in sound and roadworthy condition. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof. The statements and particulars given in this Proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and/or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company.

I/We hereby agree and undertake that I/we are agreeable to receive one page policy document without enclosing the T & C of policy and I hereby authorise company that all T & C of policy can be displayed in the website of company that enables access by me/us if I/we want to know the terms and conditions of policy displayed on website. The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/we agree to the same.

I/we have read and understood the Privacy Policy of your Company at www.bajajallianz.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.

ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING REFUND/CLAIM AMOUNT :

I hereby agree to receive all monies due from insurance company by way of refund of premium, claims etc into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation.

Place:

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Date:

D	D
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M	M
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Y	Y	Y	Y
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 Name and Designation
(In case of Corporate)

Date:

D	D
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M	M
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Y	Y	Y	Y
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Section 41 of Insurance Act, 1938

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.

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract***

Place:

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Date:

D	D
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M	M
---	---

Y	Y	Y	Y
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[illegible]

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