

Scrutiny No.	Receipt No.	Policy No.

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

EXTRA CARE PROPOSAL FORM

Instructions For Filling Up The 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 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

[illegible]

2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG

3) Gender: ☐ Male ☐ Female ☐ Other 4) Date of Birth | D | D | M | M | Y | Y | Y | Y | 5) PAN No. | | | | | | |

[illegible]

8) Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed 9) No. of Children ☐ Sons ☐ Daughters

10) Occupation ☐ Business ☐ Salaried ☐ Professional ☐ Student ☐ House Wife ☐ Retired Others _____

11 a) Permanent / Residential Address

House No.						House Name						
Landmark/ Locality												
Road/ Area Name												
City/District												
State						Pin Code						
Tel.												
Mobile												
Email												

12) Educational Qualification: ☐ Matriculate ☐ Under Graduate

13) Family Monthly Income: ☐ Up to Rs. 20,000 ☐ Rs. 20,001 to Rs. 50,000

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

16) Plans : ☐ Plan A – Sum Insured 10Lacs – deductible 3Lacs ☐ Plan B – Sum Insured 12Lacs – deductible 4Lacs ☐ Plan C – Sum Insured 15Lacs – deductible 5Lacs

11 b) Correspondence Address: (All the communications will be sent to the below address)

[illegible]☐ Graduate ☐ Post Graduate ☐ Professionally Qualified☐ Rs. 50,001 to Rs. 1 lakh ☐ Above Rs. 1 lakh[illegible]

Details of the persons to be insured

[illegible]

17) Period of Insurance: From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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18) Do you smoke cigarettes or consume tobacco (chewing paste) / alcohol, nicotine or marijuana in any form? ☐ Yes ☐ No
Please give duration and daily consumption _____

19) Has any of the persons 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. If yes, indicate in the table given below. ☐ Yes ☐ No

20) Have you or any of your immediate family members (father, mother, brother or sister) have/ had cancer, heart attack, or stroke and at What age? Prior to age 60yrs? ☐ Yes ☐ No

If yes please provide details

☐ Yes ☐ No

☐ Yes ☐ No

[illegible]

25) Details of current health insurance policy /previous health insurance policy / other Insurance like Medicaid, Cancer Policy, Critical Illness or any other medical insurance policy (Please attach a photocopy)

[illegible][illegible]

☐ "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/proposer 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 Governmental and/or Regulatory authority."

Signature of Proposer

Name and Designation: _____

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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES. 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***

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Signature of Proposer

Name and Designation: _____

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