



If answer to any of the above a) to d) is Yes.  
Please give details :

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I hereby declare & warrant that the above statement is true and complete in all respects and that information relevant to my application of insurance has been disclosed to you. I understand that this policy does not cover any pre-existing medical condition/injury/illness/deformity and complications arising from them that are declared or undeclared. I will not be travelling against the advice of a physician will not be travelling for the purpose of obtaining medical treatment. I consent to Bajaj Allianz seeking medical information from any doctor in respect of any matter relating to my physical or mental health and I authorize and consent to him giving such information to Bajaj Allianz and / or to the claims administrator or medical advisors.

I agree to this proposal and the declaration shall be the basis of the contract between me and Bajaj Allianz and I agree to accept the policy subject to the terms & conditions prescribed by Bajaj Allianz General Insurance Company Ltd.

I/We have read and understood the Privacy Policy of your Company at [www.bajajallianz.com](http://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.

Payment Details

Cash / Cheque	Amount	Cheque No.	Cheque Dt.
	Bank/Name		Branch

Signature :

Date :

Additional information to be completed by the student (Only for student companion plan)

Name of the Student : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Name of the School overseas : \_\_\_\_\_

Detailed address of the school/Telephone no: \_\_\_\_\_

Course opted for : \_\_\_\_\_

Duration of the course : \_\_\_\_\_

Number of Semesters : \_\_\_\_\_

Tuition fees per Semester : \_\_\_\_\_

Tuitions financed by (Self, parents, borrowing from bank or FI's), please give details \_\_\_\_\_

Have you undergone medical examination/fitness test? \_\_\_\_\_

Would like to state any thing that is not asked which you may want the insurer to know? \_\_\_\_\_

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_