Bajaj Allianz General Insurance Company Limited

Regd. Office & Head Office : GE Plaza, Airport Road, Yerawada, Pune - 411 006.

CIN: U66010PN2000PLC015329

P-9910

Intermediary Code

UIN- BAJTIOP24006V032324

BAGIC/ Travel/ Individual/ 005

TRAVEL COMPANION PROPOSAL FORM

1. Name of the Proposer :

2. Address :

3. Phone No. :

4. E-mail

5. Date of Birth

6. Passport No. Assignee

7. Departure Date : Arrival Date :

8. Plan

Choose Travel Companion Plan ☐ Travel Care ☐ Travel Secure ☐ Travel Value ☐ Travel Family ☐

Student Companion ☐ Corporate Life ☐ Corporate Plus ☐ Corporate Frequent Traveller ☐ Travel Age ☐

Choose Geographic Coverage ☐ Excluding USA / Canada ☐ Including USA / Canada ☐

Family Members					
S.No.	Name	Date of Birth	Gender	Passport No.	Assignee
1					
2					
3					
4					

S.No.	a) Are you suffering or have you ever suffered from any illness/ disease / ailment upto the date of making this proposal or suffer from physical defect or deformity? Please give details	b) Have you been admitted to any hospital / nursing home / clinic for treatment or observation ? Please give details	c) Are you currently or in past have been on any medications ? Please mention	d) Have you ever claimed under your earlier travel policy? If yes, please give details under the section claimed.	Please mention the name, address and telephone no. of your family doctor and/or specialist
1					
2					
3					
4					

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 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* Bank/Name		*Cheque No.*		*Cheque Dt.* *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 : ______________________

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (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 default in complying with the provisions of this section shall be punishable with fine which may extend to rupees ten lakh.
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DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

  If yes, please share the details _____

  "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc." ☐ Yes / ☐ No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification. ☐ Yes / ☐ No

- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes / ☐ No

- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ *Yes* / ☐ *No*

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.
You can update the same through Caringly yours App – http://onelink.to/v9zp7c , WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS "WORRY" to 575758, Email – bagichelp@bajajallianz.co.in, website – https://www.bajajallianz.com/general-insurance.html , contact your agent or nearest branch.