Bajaj Allianz General Insurance Company Limited

Regd. & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune 411006.
UIN : BAJTIOP24007V042324
Proposal No:

For Office Use Only		
Scrutiny No		Remarks
Receipt No		
Policy No		

For Agent Use Only:		
IMD Code		Mobile No
Sub IMD Code		

BAGIC/ Travel/ Individual/ 006

TRAVEL PRIME PROPOSAL FORM

Please answer all questions in BLOCK letters.

I. This proposal will be the basis of this insurance policy that we may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. Non-compliance of the above may result in the avoidance of the Policy & we shall have no liability to make any payment under the Policy.

II. If there is insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the advice of your insurance advisor

III. If we accept a proposal for this insurance, it shall be subject to the Policy terms and conditions and We shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized(in case of cheque payment) or non-fulfillment of pre-policy check- up(wherever required)

IV. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

1. Name of the Proposer

2. Address

3. Phone No:

4. E-mail :_____ 5. Date of Birth D D - M M - Y Y Y Y

6. Passport No :_____

7. Occupation : _____

8. Departure Date D D - M M - Y Y Y Y Arrival Date D D - M M - Y Y Y Y

9. Geographical Location

Worldwide Including USA/Canada ☐ Worldwide Excluding USA/Canada ☐

Asia Excluding Japan ☐

Family Doctor Details

Name Qualification

Reg No Mobile No

Address

10. Choose Plans

Travel Prime Individual Plans and Travel Prime Holiday

Plans Silver: 50000 USD ☐ Gold: 200000 USD ☐ Platinum: 500000 USD ☐

Super Platinum: 750000 USD ☐ Maximum: 1000000 USD ☐

Travel Prime Corporate Plans

Corporate Lite: 250000 USD ☐ Corporate Plus: 500000 USD ☐

Corporate Maximum: 1000000 USD ☐ Corporate Age Lite: 50000 USD ☐

Corporate Age Plus: 200000 USD ☐

Travel Prime Holiday Plans &
Travel Prime Asia Plans

Asia Flair: 15000 USD ☐ Asia Supreme: 25000 USD ☐

Travel Prime Age Plans

Silver: 50000 USD ☐ Gold: 200000 USD ☐ Platinum: 500000 USD ☐

Super Platinum: 750000 USD ☐ Maximum: 1000000 USD ☐

Travel Prime Super Age Plan: 50000 USD	Age				
	71-75 Yrs	76-80 Yrs	81-85 Yrs	86-90 Yrs	More than 90 Yrs
With Pre Policy Health Check Up					
Without Pre Policy Health Check Up Journey within 30 Days					
Without Pre Policy Health Check Up Journey after 30 Days					

Travel Prime Family Plan : Standard: 50000 USD ☐ Silver: 100000 USD ☐

Travel Prime Student Plans

Standard: 50000 USD ☐ Silver: 100000 USD ☐ Gold: 200000 USD ☐

Platinum: 300000 USD ☐ Super Gold: 500000 USD ☐ Super Platinum : 750000 USD ☐

Maximum: 1000000 USD ☐

Optional Covers Available under Travel Prime Student Plan		
Optional Covers	**Cover Opted**	**Sum Insured**
Cancer Screening and Mammography Cover	Yes/No	USD 1000
HIV(Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome)	Yes/No	Options: (Please Select any one of the below options) ☐ USD 1000 ☐ USD 2000 ☐ USD 2500 ☐ USD 3000
Pre Existing Illness Coverage	Yes/No	Sum Insured as per the Base Travel Prime Student Plan
Maternity and Baby Cover from Day One Coverage	Yes/No	Sum Insured as per the Base Travel Prime Student Plan
Mental Illness and Alcohol Related Disorder Cover	Yes/No	Sum Insured as per the Base Travel Prime Student Plan

11. Details of Persons to be insured

Family Members					
Sr. No	Name	Date of Birth	Gender	Passport No.	Nominee
1					
2					
3					
4					

*Nominee for self has to be one of the below mentioned relations.
"Father, Mother, Son, Daughter, Spouse, Financier, Employer & Others"
If Nominee is "Others" please specify---------- --.

12. Medical History

Questions	Insured 1	Insured 2	Insured 3	Insured 4
During the last 4yrs and before 4yrs, have any of the proposed insured consulted any physician for treatment or medical investigation or surgical operation, Accident or been hospitalized for any disorder?				
Have any of the proposed insured's ever been diagnosed with or advised to seek treatment for any one or more from the following: heart disease, Diabetes/ raised blood sugar, High blood pressure/ Hypertension, Circulatory disease?				
Paralysis, cancer, Disease of kidney, Liver, Stomach, Intestine, brain, Lung or joint disorder, mental illness, Congenital/ Birth defect ,Physical deformity, or HIV/AIDS				
Any other illness, impairment, disability or surgery not mentioned above?				
Disorders of eye, ear, nose or throat, Gland disorder such as thyroid, Blood disorder or disorder of reproductive or urinary system				

Have any of the proposed insured's Parents, brothers or sisters had heart disorders, cancer, Diabetes, neurological or mental disorder, hereditary or chronic disorder?				
Is any of the proposed insured currently taking any medication/ treatment for any disease or disorder?				
Is any of the proposed insured is currently pregnant				
Have any of the proposed insured proposal or application for reinstatement of life, health and accident insurance ever been declined, postponed, withdrawn or accepted with modified terms by any insurance company?				
Does any person proposed to be insured smoke or consume tobacco, alcohol or any other form of Tobacco?				

13. Additional Information

Sr. No.	Name of the proposed Insured	Please specify the illness details with symptoms	Treatment details with treating Doctor details	Outcome of treatment (e.g. Ongoing, complete recovery recurrent or likely to recur)

Additional information to be completed by the student (Only for Travel Prime Student 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?

_____

Additional information to be completed for Travel Prime Holiday

Number of Passengers:_____Number of Travel Days: _____

Kindly attach Annexure stating details of passengers in below format.

Name	Gender	Date Of Birth	Passport No	Address	Medical History	Family Doctor Details

Payment Details

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

Name :_____

Signature :_____ Date : _____

Declaration & warranty on Behalf of all Persons Proposed to be insured

☐ 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 fill 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 any time 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."

☐ I/We have read and understood the Privacy Policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.

☐ 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

_____ _____

APPLICANT'S SIGNATURE DATE (DD/MM/YY)

Insurance Act, 1938 Section 41 - Prohibition of Rebates Insurance Act

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.

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:_____ Signature (On behalf of Proposer) _____

Name _____

Date: _____

*** 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.

Bajaj Allianz General Insurance Co. Ltd.

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 icome. ☐ 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.