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M	OBILE No.										HE	EAL	TH	G	UA	R)-P	RO	PC)SA	L	FC)RI	N		Reg	d. & I	Head	d Off	ice -	ge pl	aza, A	\irpoi	t Roa	d, Yer	wada	ı, Pun	e 411	016
1.	Name of the propos	ser: Mı	/Ms																																				
							S	urnam	ne								First	st Nam	e										Mic	ldle I	Name	e							
2.	Address: Res:												Τ																										\square
	Pin				, ך	City						П					Sta	ite				1	П	-		٦			Tele	epho	ne Г							1	
	Pin City Email Mobile Email Income Tax PAN No.																																						
3.	Name and address	of the I	amily	Docto	r																			_ Tel	ephoi	ne_							Q	ualifi	cation				
4.	4. Details of the person to be insured																																						
Sr.		Name					D	OB		Age	(Gender		Heigh	nt	We	eight	0	ccupa	ation		Gro mont inco	thly	F	Relatio in	on w Isure		ne		Su Assı			Pı	emiu	m		Asig	nee	
1																																							
2																																				Τ			

5. Details of the other insurance like Mediclaim, Cancer policy, critical illness or any other medical insurance policy (Please attach a photocopy)

Policy No.	Name and address of Insurance Co.	Sum Insured	Period of Insurance From To mm / dd / yy mm / dd		Bonus %	Claims Received/ Receivable (Rs.)	Nature of Problems

6.	Do you smoke cigarettes, bidis or consume tobacco (chewing paste) / alcohol	in any form ?
	Please give duration and daily consumption	

IMPORTANT

b)

7. Has any of the persons to be insured suffered / or been investigated from any of the following?

a)	Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma, any respiratory conditions, cancer or 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, back ache, any congenital/birth defects/
	diseases, AIDS or positive test for HIV, any other ailment.

If yes , indicate in column 3 of the table giv	en below
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Is any of the persons to be insured receiving any treatment/medication or have in past received treatment or under gone surgeries for any medical condition	, disabilitie	s?
If yes , indicate in column 3 of the table given below	Yes	

Sr.	Name	a) Name of illness/ injury suffering from or suffered in the past. b) Treatment/medication received/receiving	Date first treated	Name of attending medical practitioner surgeon with his address and telephone No./ Hospital Details	Whether fully cured?
1					
2					
3.					

Yes

Yes

No

No

No

8. Has any proposal for life, critical illness or health related insurance on your life ever been postponed, declined or accepted on special terms? If yes give details.

Declaration

The above information is true to best of my knowledge. I/we are active at work and have not been absent from work due to illness or injury for a continuous period of more than 10 days during the last 2 years. I/We and/or the person to be insured hereby consent you or your representative to seek medical information from any Hospital/Medical Practitioner from which or whom I/We and/or the person to be insured have at any time sought or shall seek medical attention concerning any disease, sickness, ailment, or injury which affects my/our and/or the person to be insured's physical or mental health.

I/we hereby authorise Bajaj Allianz to pay any claim payable to me under the Health Guard policy to the above assignee whose discharge will be considered as the full and final discharge on my behalf.

Period of insurance starting from	ending on		
Signature		Date	

Insurance Act 1938 Section 41 - 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 FIVE HUNDRED RUPEES.