BAJAJ Allianz

Bajaj Allianz General Insurance Company Limited

HOSPITAL DAILY ALLOWANCE INSURANCE - PROPOSAL FORM

Intermediary Name : _____

Intermediary Code : _____

PLEASE ANSWER ALL QUESTIONS

(This insurance does not commence until the proposal is accepted and premium paid.)

P-8410-

Proposer Details

1. Name of the Proposer : Mr. / Mrs.
   Begin with Surname

2. Address : Res :

   Pin City State Telephone

   Mobile : Email : _____

3. Name and address of the Family Doctor

   Telephone Qualification

4. Married ☐ Yes ☐ No No. of Children

5. Monthly salary / income of the Proposer

6. Occupation :

Please note that if you need cover for Dependents, all the dependents (spouse and children) without selection are to be covered under the Policy.

Details of person(s) proposed to be insured

1.		Details of self and the family members proposed to be insured									Coverage opted		
Sr. No.		Name	Date of Birth	Age	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	Have you ever been admitted to any hospital / nursing home/ clinic for treatment or observation? Please give details	Are you on any medicines for high blood pressure, diabetes, heart disease, asthma or any other illness? Please mention names	Please mention the name, address and telephone no. of your family doctor and/or specialist	Please mention any other health/disability insurance that you or any of the proposers currently have. Please give details.	Has any of the person to be insured ever been postponed, declined or accepted while proposing for accidents, disability or health related insurance? Yes / No	30/60 days	500 / 1000 / 2000 / 2500 Rs. per day	Calculation of Premium
1	Proposer												
2	Spouse												
3	Child 1												
4	Child 2												
5	Child 3												
												Total	

Name of the Assignee Sr. No. 1)_____ 2)_____ 3)_____ 4)_____ 5)_____

I hereby authorise BAGICL to pay any claim payable to me under this policy to the above assignee in the event of any death whose discharge will be considered as the full and final discharge on my behalf.

Duty of Disclosure

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 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/any hospital 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.

Payment Details

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

Signature Date