

5. Details of any insurance policy held (presently or in the past) by you like Mediclaim, Cancer Policy, Critical Illness or any other medical insurance policy (Please attach a photo copy)

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

6. Do you smoke cigarettes, beedis, cigars or consume tobacco (chewing paan) in any form? Yes No

Please give duration and daily consumption. _____

IMPORTANT: 7. Does any of the persons proposed to be insured under this Plan suffer from (or in the past suffered from) any of the following? [Full particulars must be given if the answer is "yes" to any of the following queries]

a) Disorder of heart or circulatory system, chest pain, high blood pressure, stroke, asthma or any respiratory conditions, cancer 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/ urinary diseases, AIDS or positive HIV. If yes, indicate in column 3 of the table given below.

b) Is any of the persons to be insured receiving any treatment/ medication or has any in the past received treatment for any medical condition/disabilities?
 Yes No If yes, indicate in column 3 of the table given below.

Sr.	Name	a. Name of the illness / injury suffering from b. Treatment / medication received / receiving	Date first treated	Name of the attending medical practitioner / surgeon with his address and telephone no.	Whether fully cured?

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

DECLARATION : I/We declare and warrant that the information that I/We have given in this proposal in relation to myself/ourselves (or any other person or categories of persons to be insured) and any documentation or information accompanying it or arising out of the answers I/We have given is complete and accurate in all respects. I understand and agree that this proposal and the other information and documentation I have given or will give, relating to myself/ourselves or any other person to be insured, will be the basis of any insurance that you may issue, and I/We also understand the consequences of any default.

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 and authorize you or your representative to seek to seek medical information from any Hospital / Medical Practitioner Doctor 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 authorize Bajaj Allianz to pay any claim payable to me under the Silver Health Plan to the above named assignee whose discharge will be considered as the full and final discharge on my behalf.

Policy Period starting from

Ending on

Signature _____

Date _____

IMPORTANT : 1. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of any claim and the avoidance of your rider when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent.

2. No insurance cover will be in force until the Company has approved the Proposal and the rider premium due has been paid.

3. Insurance Act 1938 Section 41 - Prohibition of Rebates. No person shall allow, either directly or indirectly, as an inducement to any person to take out to renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole 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 THE FINES WHICH MAY BE EXTENDED TO FIVE HUNDRED RUPEES.
