## **Bajaj Allianz General Insurance Company Limited**



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

## **PERSONAL GUARD**

## **Proposal Form**

PLEASE ANSWER ALL QUESTIONS

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

Important : This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. 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 relevent 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 your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the informatio to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, wheth er as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

1. Name of the Proposer																											
																	Te	I. No	). :								
2. Address For Correspondance																											
E-mail																											
Coverage Required		Basic			Wid	ler			Corr	ıpreł	nensi	ve			М	edica	l Exp	enses	5			Н	ospit	al Co	onfine	emen	t
3. Persons to be covered :																											
				 	1														1			-					

S.no.		Name	DOB	Profession	Any Existing disability / infirmity	Total Monthly Income	Any other Policy? Give details : a) Name of Company b) Sum Insured c) Policy no.	Sum Insured
	Proposer							
	Spouse							
	Child 1							
	Child 2							
	Child 3							

4.	Has any company declined to issue/renew a policy for any of the persons proposed for Insurance? Yes No If Yes give deatils
5.	Name of assignee :
6.	Do you have a vehicle? Yes No If yes Vehicle make Model Year and month of Purchase
7.	Policy Period
	From To To

I hereby authorise Bajaj Allianz General Insurance Company Limited to pay any claim payable to me under the personal guard policy to the above assignee whose discharge will be considered as the full and final discharge on my behalf.

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated.

**Proposers Signature** 

**Prohibition or Rebates** 

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or 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 or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provision of this Section shall be punishable with fine which may extend to five hundred rupees.