





BBAJAJ Allianz (1)

Scrutiny No.		Re	eceip	t No					Poli	cy No	0.				IM	O Cod	9	Sub	M	D Co	de	IM	D Na	ame		Μ	obil	le No	<u>э.</u>	E	Emp/	/LG	Code	e
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1. Please answer al premium has been p this Proposal FULLY the risk or the terms Proposer Details	oaid 3 AND A	. This CCU	s Pro RATE	posa LY ar	l will nd th	be tł at yo	ne b u pr	asis c ovide	ofany	, suk	oseq	uent	poli	cy tl	hat w	e issu	e to	you.	lt is	ther	refo	re es	sent	ial t	hat	γοι	ı pro	ovide	e all	the	info	rma	tion	in
1) Full Name: Title																c;	rct N	lame						1	1	1					1	1		
,	e Idle Na	ame							I						I	I	istr						 	 	1			 	ـــــــــــــــــــــــــــــــــــــ	 				
2) Are you an existi			lianz	Cust	tome	pr: Ye	s /	No I	fves		ase	mer	 ntion	l the	Polic				l										L					
Is your name mer												YE				No, P			ent	ion	the	Na	me	as p	er	Aad	lha	ar C	Card					
3) Gender: Male	F	emal	e [Othe	er 🗌]									4) C	ate	of Bir	th	:	D	D	M	\mathbb{N}	1	Y	Y	Y		Y				
5) PAN No.																6) A	adh	ar ID	:						'					Γ				
7) Bajaj Allianz Empl	oyee (Code	, if Pr	ropos	ser is	BAG	IC/E	ALIC	Emp	loye	e:											-	-	1						L	_			
8) Marital Status:		1arrie	he	٦s	ingle						9) [of Ch	ildre	en i	Son			٦			Dai	ighte	ers	Γ			1						
10) Occupation :		usine				ried		Prof	essio	onal				_	_	ouse V		Γ] f	Retir	ed	Γ	-	the	∟ rs]						
11a) Permanent / R	esider	ntial /	Addr	ess																														
House No & Name																																		
Landmark/Locality																																		
Road/Area Name																Cit	y																	
State																								F	Pin (Cod	e							
11b) Corresponden House No & Name	ce Ado	dress 	: (Al	l the	com	imun 	icat	ions	will k	be se	ent t	o the	e bel 	ow	addro 	ess)	I	1				I	I	I	I	I	I	ļ	I	I	I	I	I	I
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Landmark/Locality			 																			 	 	 	 		 	 '	۱					
Road/Area Name																Cit	у [<u> </u>		-	
State Telephone (Res.)		<u> </u> 	 									 	 		Tala							 	 	י [2in (Cod I	e [ـــــــــــــــــــــــــــــــــــــ	 	⊥ 			
Mobile Number] 						F-	Mai	 	J	Tele	phon	e (O	ince)							@				L					
12) Educational Qua	alificat	ion.		Matr	icula [.]	te l	_	Unde	er Gr	aduz				luat	e [Pos	Gra	aduat	e [ПР	rofe	nizze	nallv	/ Ou	-	ied								
13) Family Monthly 14) In case of any O	Incon	ne:	ı	Up to	o Rs.	20,0	00		Rs.	20,0	001	to Rs	5. 50,	,000),001								Rs.	1 la	₃kh						
Vehicle & Cover D			ouiu	prei		bet	Unta	acieu	i Dy.		FIIU	nie	L] [] []	Iall																			
1) Period of Insuran					DN	A N	4	Y N			Y I .	To:	D	D	М	M		ΥY	, ,	Υ	2) L	icen	ce T	ype	:		Per	man	nent] Le	arni	ng	
3) Renewal of the P registration of th			ot be	e allo	wed	with	out	avail	abili	ty of	ava	alid F	PUC	Cert	ificat	e* of	the	Vehic	le (*No	t Ap	plica	able	till (Dne	Yea	ar fr	om	the	date	e of f	irst		
Do you have valio	d PUC	Certi	ificat	e? ۱	∕es [Nc																				1						
4) Age at which you	got tl	ne lic	ense	:: [5)	Re	gistra	ition M	10. :												Ļ	Ļ	Ļ	<u> </u>	_	
6) Date of Registrat	ion :	D	D	Μ	M	Y	Y	Y	Y				7)	Re	gistra	ition	Autł	nority	:										Ļ	Ļ	Ļ	<u> </u>	_	
8) Year of Manufact	ure:	Y	Y	Y	Y			_	_				9)	Dat	te of	purch	ase	of th	e ve	ehicl	e by	You	:			D	D	M	Μ	Y	Y		()	Ý
10) Whether the ve	hicle \	was N	lew[or S	econ	d H	and_		at th	ne tir	me o	of pu				I	1	1	T	I	I	I	I	I	I	I	I	I	I	I	I	1	
11) Engine no:										_	_					is No:	L		<u> </u>					<u> </u>	-									
12) Make:										-				N	Лode	1:	L																	
Subtype :	.						eati	ng ca	naci	tv· I	Drive		+	I																				
14) Fuel Used:	- L	rol [Diese			_	_		_				Anv	 othe	er		1	5) ŀ	۲ilon	nete	er rea	adin	g as	on	dat	e							
16) Whether any n																	icat	-	, .							,								
If yes, please g																																		
	 7) Is the vehicle fitted with anti-theft device: Yes No 8) Do you own another Car: Yes No If yes, please provide Vehicle Make and Model 												cle N	/lake	9									and	Mo	del_								

19) Hypothecation Details: Name of Finar	ncial Institution/Bank:	_													
Loan Account Number:															
Past Insurance Details											<u> </u>				
1) Name and address of the previous	insurer														
2) Previous Policy Number						Р	olicy	expiry	date :	E	D	M	1 Y	Y	7 Y
3) Claims taken in previous policy:	Yes 🗌 No 🗌		lf Yes, No	. Of Cla	ims [Claim	Amoı	unt:				
4) NCB Earned on last policy (if applicable): % (Please attach a copy of renewal notice from the previous insurer)															
Driver Details															
The vehicle would be driven by: Delta Yelease give details of main drivers/ name		-	ou and Yo	ur Spou	se	You,	Your	Spouse	e and a	any ot	her pe	rson n	amed	below	/.
Sr. Name in Full	Relationship with	ו Dat	e of Birth	n O	ccup	ation	N	o. of Dr	0			-	g from / infirn	,	
No. Numerical and the Proposer Date of Data and the Proposer Years disease / infirmities 1 1 1 1 1 1 1													iicy		
1 2															
In case of additional drivers, kindly atta	Z														
Proposed Coverage															
1) Additional Compulsory Deductible A	pplicable: Rs														
2) Whether geographical area extensio		_	•	_			_								
☐ Bangladesh, ☐ Bhutan, 3) Documents attached: ☐ Cover N	☐ Maldives, ote ☐ Renewal N	Nei 🗌 Nei		Pa Conv				Srilanka eport [ration
PA Owner Driver : Nomination Detail			_ · •,				•••••			,				Deela	Tation
1) Personal Accident Cover for Owner -Driv		r Private Ca	ar/Two W	heeler Pa	ackag	e Policy.	Plea	se give tl	he deta	ails of I	Nomina	tions.			
a) Name of the Nominee:															
b) Age of the Nominee: c) Relati	ionship of the Nominee	to the Ow	ner-Drive	r:											
d) Name of the Appointee (required only if	the Nominee is a minor	r)													
e)Relationship of the Appointee to the Nor	ninee:														
Note: a) Personal Accident cover for Owner-Dri cannot be granted where a vehicle is owned by a														Owner	-Driver
2) Do you wish to Opt for Personal Accide	1 1. 1. 1		Yes	N				ci docsii	otnoid	unene	cuve uni	ing licel	1130.		
If Yes, give name & Capital Sum Insured (CSI) opted for														
Sr. No. Name		CS	SI Opted (Rs.)			N	lominee				Rela	ationsh	ip	
(Note 1: In Case of additional persons, kindly attach a sepa	arate sheet.2)As per the provisio	ions of IMT 15	, the maximu	m Sum Insu	red av	ailable per	persor	n is Rs 1 lakł	n in case o	of Two w	heeler & F	3 2 lakhs	in case o	f Private	Car.)
Premium Calculation Table															

(A) Insured Declared Value (IDV) of the vehicle		(C) Value of Electrical accessories fitted to the	ne vehicle	
(B) Value of CNG/LPG kit		(D) Value of Non-Electrical Accessories fitted	d to the vehicle	
		TOTAL IDV	in Rs (A+B+C+D)	
Own Damage	Amount	Liability		Amount
Own Damage @%		Basic TP Cover		
CNG/LPG kit		(-) TPPD Restriction (Statutory limit of Rs. 60	000)	
Electrical/Non-Electrical Accessories		CNG/LPG		
(-) NCB @%		PA for Owner-Driver		
(-) Voluntary Excess of Rs		PA for Passengers		
(-) Commercial Discount @%		Sum Insured per person (Rs.)		
Add-on Package Opted:		Number of persons		
Package Name :		Legal Liability to Paid Driver		
		Legal Liability to other employees		
		Number of employees		
TOTAL			TOTAL	
Net Premium (Own Damage + Liability)				
GST@%				
Gross Premium				

P	ayment Details					
	Payment Details					
	Mode of Payment: Cheque	DD	Cash	Others		
	Cheque - Given by: Spouse	Father	Mother	Son/Daughter	Employer/Employee	Financier
	To support our G	o Green initiative	e, we will send poli	cy copy link on your req	istered mobile number / ema	ail id. This is a digitally

signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

Declaration

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that to the best of my personal knowledge and belief that the vehicle is in sound and roadworthy condition. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused insurance or continuance thereof. The statements and particulars given in this Proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form are complete, true and accurate to the statements and particulars given in this proposal form are contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company.

I/We hereby agree and undertake that I/we are agreeable to receive one page policy document without enclosing the T & C of policy and I hereby authorise company that all T & C of policy can be displayed in the website of company that enables access by me/us if I/we want to know the terms and conditions of policy displayed on website. The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/we agree to the same.

"(Please tick in case same is agreed by you)"

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 Private Policy, as amended, from time to time.

ADDITIONAL DECLARATION TO BE GIVEN BY PROPOSER SEEKING REFUND/CLAIM AMOUNT:

I hereby agree to receive all monies due from insurance company by way of refund of premium, claims etc into my bank account as specified in the instrument tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the aforesaid obligation.

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Place:				Signature of Agent,	/SP of Corp Agent		Signa	ature	of P	ropo	oser		
Date :	DD	MM	YYYY	Name and Designation (In case of Corporate)									

Section 41 of Insurance Act, 1938

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 or continuing a policy accept any rebate, xcept 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 liable for penalty which may extend to ten lakhs rupees. 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	beha	alf of	Pro	pose	r) [
Date :	DD	MM	YYYY	Name [

** This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.