





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 |
|---|---|---------------|---------------|---------------|--------------------|----------------|--------------|-----------------|--------|-------|--------|--------|-----------|----------|-----------|---------|---------|-------------------|----------|-------|------|--------|-------|--------------|---------|----------|---------|-------|---------------------------------------|------|----------|----------|------|----|
| | | | | | | | | | | | | | | | | | | ICY - PROPOSAL FO | | | | | | | | | | | | | | | | |
| | | | | PF | RIVA | TE (| CAI | ۲/۱ | rw(| N C | /HE | ELE | ER F | AC | KAG | GE PO | OLI | CY - | PF | ROP | OS | AL | FOI | RM | | | | | | | | | | |
| 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 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | نــــــــــــــــــــــــــــــــــــ | | | | | |
| 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.

ר ר

| 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.