Bajaj Allianz General Insurance Co. Ltd.,

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. Reg No.: 113 CIN: U66010PN2000PLC015329 UIN: IRDAN113RP0025V01200102



Scrutiny No.	Receipt No.	Policy No.	IMD Code	Sub IMD Code	IMD Name	Mobile No.	Emp/LG Code

PRIVATE CAR PACKAGE POLICY - PROPOSAL FORM

1. Please answer all questions in BLOCK letters 2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid 3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in

this Proposal FULLY Af the risk or the terms u								e us v	with	any a	and a	ll ad	ditio	nal ir	nfor	mat	ion r	eleva	ant t	o ris	k to l	oe ir	sure	ed or	our	dec	isioı	n as t	o ac	cept	ance	9 0
Proposer Details																																
1) Full Name: Title															F	irst	Nam	е														
Midd	e Name														S	Surn	ame															
2) Are you an existing	g Bajaj Al	llianz	Cus	tome	er: Ye	es /	No I	If yes	, ple	ease	ment	ion	the [Policy	No	: 00	à															
Is your name ment	ioned a	bove	e as	per	your	· Aa	dhaa	ar Ca	rd?	:	YES		No	If N	lo, l	Plea	ise n	nent	ion	the	Naı	me	as p	er A	adł	naar	Ca	rd				
3) Gender: Male	Fema	le [Othe	er []									4) [Date	of B	irth	:	D	D	M	N	1	Υ	Υ	Υ	Υ				_
5) PAN No.	_		_												6) /	Aadl	nar II) :				ľ	İ			Τ			, 			
7) Bajaj Allianz Employ	/ee Code	, if Pi	ropos	ser is	BAG	GIC/E	BALIC	Emp	loye	e:											-											_
8) Marital Status:	Marri	ed	□s	ingle	<u>.</u>					9) N	No. of	f Chi	ildre	n	Sor	 ns [Dau	ıght	ers									
10) Occupation :	Busin			•		Г	Prof	fessio	onal	_] Ηοι				\exists	Retir	ed	Γ	_	the	 ح								
11a) Permanent / Res			_				,] 1100	, JC	****	- 1		· · · · ·	cu		_ ~	· ci i c	J								
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11b) Correspondence	Address	: (A	ll the	con	nmur	nicat	ions	will b	oe se	ent to	the	belo	ow a	ddres	ss)							_	_					_				_
House No & Name		Ĺ																														
Landmark/Locality																																
Road/Area Name															Ci	ty																
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Telephone (Res.)	ephone (Res.)														ĺ																	
Mobile Number										E-	Mail _.													@ _								
12) Educational Quali	fication:		Matr	icula	te		Unde	er Gr	adua	ate	G	irad	uate		Pos	st Gr	adua	ate	P	rofe	ssio	nally	/ Qu	alifie	ed							
13) Family Monthly Ir		_			,						o Rs.	50,0	000		F	Rs. 5	0,00	1 to	Rs. 1	. lak	h		Ab	ove I	Rs. 1	Llaki	h					
14) In case of any Offe		ould	pref	er to	be o	cont	acted	by:	Ш	Pho	ne	Ш	Ema	ail																		
Vehicle & Cover De	tails																															
1) Period of Insurance	: From:		D		M	VI.	Y	Y		Υ 1	Го:		DI	M N	1	Υ	Υ	Υ	Υ	2) L	icen	ce T	уре	: [P	erm	ane	nt [L	earn	ing	
 Renewal of the Pol registration of the Do you have valid I 	Vehicle)					out		abilit	ty of	f a va	ılid Pl	JC C	Certif	icate	* of	f the	Veh	icle ((*No	t Ap	plica	able	till ()ne	Year	fror	n th	e da	te of	firs	t	
4) Age at which you g			1		_							5)	Regi	istrati	ion	No.	:						1	1	1							
6) Date of Registration	n : D	D	М	M	Υ	Υ	Υ	Υ						istrati				 .v :			l			i	i		T	i		i	i	_
8) Year of Manufactur		Υ	Υ	Υ										e of p					L ehicl	e by	You	:		D) [) (/	M	Υ	Y	Υ	Υ
10) Whether the vehi		New [or S	l Secor	nd H	and		at th	ne tin	ne of									,												_
11) Engine no:			Ī					_						nassis	No	:																
12) Make:		i	i	İ				i	i	i	_		М	odel		Ī	i	i	i	i	i	İ	İ	İ		İ	İ			i	i	_
Subtype :		\perp						 	$\frac{\perp}{\parallel}$. • 11	2401	-	L									1	1		1				_
13) Cubic capacity :		Ĺ	Ĺ		5	Seati	ing ca	paci	ty:	Drive	_ er (1)	+																				
14) Fuel Used:	Petrol		Diese] LP	G [IG		Elect	tric [/	 ۱ny ۱	other			_	15)	Kilor	nete	r rea	adin	g as	on d	late							
16) Whether any mo			onve	rsio	ns ha	ive b	een	done	on	the r	nake	r's s	tand	ard s	peci	ifica	tion															
If yes, please given 17) Is the vehicle fitt			heft	devi	ce.		Ye			No	$\overline{}$																					_
18) Do you own anot						If v			∟ prov			le M	lake										and	Mod	el							

																		Cari	ngly	you	urs	
19) Hypothecation Details: Name of Financial In															BE	LA	LA	Allia	nz 🕕			
Loan Account Number:													T	$\overline{1}$	$\overline{1}$	Π			ī			
Past Insurance Details																						
1) Name and address of the previous insure	r																					
2) Previous Policy Number					•		Р	olicy	expi	ry c	late	:	D) N	1 M	Y	Y	Υ	Y		
3) Claims taken in previous policy: Yes	If	Yes	, No. C	of Cla	ims]		(Clair	n Ar	nou	nt:		T	Τ			T		
4) NCB Earned on last policy (if applicable):	9	6 (Plea	se attac	ch a	сору	of rer	newa	al no	tice	fron	n the	pre	evio	us ir	ısur	er)						-
Driver Details																						
The vehicle would be driven by: You, the Please give details of main drivers/ named d				ou and Your Spouse 🔲 You, Y								use	and	any	oth	ıer į	perso	on na	ıme	d be	low	
I I Name in Full I	elationship v he Proposer		Date	of E	Birth	С	ccup	oatic	n	N	o. of Ye	Dri	_					ering ase /				
1	·																					
2																						
In case of additional drivers, kindly attach a separate sheet. Proposed Coverage																						
2) Whether geographical area extension to the following countries is required?																						
							_			•								,				
3) Documents attached: Cover Note	Pol	licy Co	ру		Insp	ecti	on R	epor	t [R	egist	ratio	on C	:ertif	icate] De	eclai	ratior			
PA Owner Driver: Nomination Details 1) Personal Accident Cover for Owner-Driver is compulsory under Private Car/Two Wheeler Package Policy. Please give the details of Nominations.																						
	/ate Car	/ I W	o wnee	eier Pa	аска	ge Po	псу.	Pieas	se giv	e tn	e ae	taiis	OTIN	omi	natio	ns.				\Box		
a) Name of the Nominee: c) Relationship	nootot	ho Own	or D	rivor:	\vdash										H	\pm	\vdash	_		<u> </u>	H	
	Own	<u>ا</u>	liver.	<u> </u>									<u> </u>	十	\pm	十	_		<u> </u>	H		
d) Name of the Appointee (required only if the No e)Relationship of the Appointee to the Nominee:		T T		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>				<u> </u>			\vdash	+	\vdash	\vdash	+		\vdash
Note: a) Personal Accident cover for Owner-Driver is co	rod of Pr	. 1 1	akh for	F14/0 \A	lhool		d Dc	2 lak	he fo	r Driv	(ato (`255	b) C					to Ou	unor	Drivor		
cannot be granted where a vehicle is owned by a compa	a small b	ody	corpora	te or w	here													10 01	viier	Driver		
2) Do you wish to Opt for Personal Accident Cover for named Persons: Yes No No If Yes, give name & Capital Sum Insured (CSI) opted for																						
Sr. No. Name	7104 101		CSI	CSI Opted (Rs.) Nominee													Rela	 tion	ship			
(Note 1: In Case of additional persons, kindly attach a separate she	et.2)As per the pr	ovisions o	f IMT 15, th	he ma	aximum S	um Inst	ired a	vailab	le per	persor	is Rs 1	Llakh	in cas	e of Tv	vo wh	ıeeler	. & Rs 2	. lakhs i	n case	e of Pri	vate (Car.)
Premium Calculation Table																						
(A) Insured Declared Value (IDV) of the vehicle			(C) Va	lue of I	Electr	ical a	cces	sori	es fit	ted t	o th	e ve	hicle	9							
(B) Value of CNG/LPG kit			(D	(C) Value of Electrical accessories fitted to the vehicle (D) Value of Non-Electrical Accessories fitted to the vehicle																		
	_			TOTAL IDV in Rs (A+B+C+D)																		
Own Damage	Ar	nount	Lia	abili	ty												+		Α	mou	nt	
Own Damage @%	_		Ва	sic -	TP Cov	er											\dashv					
CNG/LPG kit			(-)	TPF	PD Rest	rictio	n (St	atut	ory	imit	of Rs	. 60	00)				\top					
Electrical/Non-Electrical Accessories			CN	NG/L	_PG												1					
(-) NCB @%			P.A	\ for	Owne	r-Driv	er															
(-) Voluntary Excess of Rs			P.A	\ for	r Passe	ngers	;										T					
(-) Commercial Discount @%				Sum	Insu	ıred	per	perso	n (R	s.)					\exists							
Add-on Package Opted:						Nur	nbe	r of p	erso	ns						_			_			
Package Name :	Le	Legal Liability to Paid Driver												\top								
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Net Premium (Own Damage + Liability)															\exists							

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Gross Premium

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