

## BajajAllianzGeneralInsuranceCompanyLimited

Regd. &HeadOffice:GE Plaza, AirportRoad, Yerwada, Pune 411006.

## **Proposal No:**

For OfficeUseOnly								
ScrutinyNo		Remarks						
ReceiptNo								
PolicyNo								

For AgentUse Only:	
Intermediary	Mobile No
Sub IMDCode	
IntermediaryName	

## COMPASSIONATE VISIT BY A FAMILY MEMBER PROPOSAL FORM

PleaseanswerallquestionsinBLOCKletters.

- Thisproposalwillbethebasis ofthisinsurance policythatwe
  mayissue. Youmustdiscloseallfactsrelevanttoallpersonsproposedtobeinsuredthat
  mayaffectour decisionto issuea policy or itsprice,terms,conditions and exclusions. Noncompliance of the above mayresultin the avoidance of the Policy we shall have no liability to
  make any payment under the Policy.
- II. If thereisinsufficientspace foryouto provideinformationwhetheras requestedorotherwise, pleaseattach aseparatesheet. If you are inany doubt, please seek the advice of your insurance advisor
- III. If weaccepta proposalforthisinsurance, itshallbe subjectto the Policy termsandconditions and Weshallhave noliability to make any payment under the Policy if premium is not received by Usin full and in time, or is not realized (in case of cheque payment) or non-fulfill ment of pre-policy check-up (where verrequired)
- IV. TheLiability of theCompanydoesnotcommence untilthisProposalhasbeenacceptedby theCompanyandpremiumhasbeenpaid.
- V. This Rider can be taken in Conjunction with any Bajaj Allianz General Insurance Policy Covering Overseas Travel.

1.	Nameo	fthe	e P	rop	ose	er																				
2.	2. Address In India for Communication :																									
3.	Phone	No	: [																					T		
			<u>                                     </u>				J										<u> </u>			1						
4.	E-mail:	E-mail:									_5. Dateof Birth DDDDBMMAD							Υ	Υ	Υ						
6.	Passpo	rtN	o:_																							
7		V/C	∩ur	ntrie	20 (	of .	Tra	vel																		

_	Period of Travel :  Departure Date: Departure Date: Departure Date: Departure Date: Departure De	M - Y Y Y Y Arrival [	Date DD-MM-Y	YYY
USD[ USD 1		e Select any one of the belo	ow Options)	
Paym	ent Details			
Cash Chec		Cheque No.	Cheque Dt. Branch	
Name :	<u> </u>			
Signatu	ıre <u>:</u>	Date :		
Declara	ation & warranty on Behalf of all Perso	ons Proposed to be insured		
	I/We hereby declare, on my beh statements, answers and/or partic knowledge and that	·		
	I/We am/are authorized to propose	e on behalf of these other persons	<b>5.</b>	
	I understand that the information Board approved underwriting polic fill receipt of the premium chargeab	y of the insurance company and		=
	I/We further declare that I/we will n life to be insured/proposer after acceptance by the company.		•	
	I/We declare and consent to the co- anytime has attended on the life anything which affects the physical from any insurance company to will made for the purpose of underwriting	to be insured/proposer or from al or mental health of the life to be hich an application for insurance	n any past or present employe be assured/proposer and seeking on the life to be assured/propos	r concerning g information
	I/We authorize the company to sha sole purpose of proposal underwri authority."		· ·	
	APPLICANT'S SIGNATURE	 DA	TE (DD/MM/YY)	

## Insurance Act, 1938 Section 41 - Prohibition of Rebates Insurance Act

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, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED 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 behalf of Proposer)
Name	
Date:	

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

<sup>\*\*</sup>Please read declaration wordings carefully before signing the proposal form.