

## 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								
Intermediary Name								

## LOSS OF PERSONAL BELONGINGS COVER PROPOSAL FORM

PleaseanswerallquestionsinBLOCKletters.

- I. Thisproposal will be the basis of this insurance policy that we may issue. You must disclose all facts relevant to all persons proposed to be insured that may affect our decision to issue a policy or its price, terms, conditions and exclusions. Non-compliance of the above may result in 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, its hallbe subject to the Policy terms and conditions and Weshallhave no liability to make any payment under the Policy if premium is no treceived by Usin full and in time, or is no trealized (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 GeneralInsurance Policy Covering Overseas Travel.

1.	1. Nameofthe Proposer																										
2.	2. Address In India for Communication :																										
3.	Phone N	lo:																									
4	F. E-mail: 5. Dateof Birth DDD MM - YYYY																										
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	Passport													=													
7.	Country	/Co	unt	trie	es (	of 7	Γra	vel	:_						 		_										

8. Period of Travel:  Departure Date:  9. Sum Insured Options: ( Please Select USD 5  USD 1  USD 1500  USD 2000	- 1 1 1 1	valDate DD-MM	- Y Y Y Y				
(Please Note: "Personal Belongings" shall mean Clothing & Personal Effects, Photographic Equipments, Laptops, Mobile Phones, Video Cameras, Telescopes, Musical Instruments, I- Pads, I Pods and Portable Equipments of similar nature which belongs to the Insured excluding:  Cigarettes, tobacco and/or alcohol, Films, cassettes, cartridges or disks, Consumable Perishable goods, prosthetics, dentures, hearing aids, bottles, cartons, Pedal cycles, wheelchairs, prams, pushchairs or baby buggies, Contact or corneal lenses, Sports Equipment including Winter Sports Equipment, Cash and Currency Notes, Jewellery & Valuables, Airline Tickets and Credit and Debit Cards)							
Details of Personal Belongings:	•	6					
Description	Age	Sum Insured					
Payment Details							
Cash / Cheque Amount Bank/Na me	Cheque No.	Cheque Dt. Branch					

Name :\_\_\_\_

Signatu	re:	Date :							
Declarati	ion & warranty on Behalf of all Persons Proposed to be in	nsured							
	I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that								
	I/We am/are authorized to propose on behalf of these	other persons.							
		vill form the basis of the insurance policy, is subject to the Board y and that the policy will come into force only after fill receipt of the							
		y change occurring in the occupation or general health of the life to omitted but before communication of the risk acceptance by the							
	I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.								
		rtaining to my proposal including the medical records for the sole nent and with any Governmental and/or Regulatory authority."							
	APPLICANT'S SIGNATURE	DATE (DD/MM/YY)							
Insurar	nce Act, 1938 Section 41 - Prohibition of Reba	tes Insurance Act							
in respect premium may be al	t of any kind of risk relating to lives or property in India, any re shown on the policy, nor shall any person taking out or llowed in accordance with the published prospectus or tables	in inducement to any person to take out or renew or continue an insurance pate of the whole or part of the commission payable or any rebate of the renewing or continuing a policy accept any rebate, except such rebate as of the insurer ANY PERSON MAKING FAULT IN COMPLYING 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***								
Name		Signature (On behalf of Proposer)							
*** This is	s 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.