

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 | | |

REPLACEMENT AND REARRANGEMENT OF STAFF 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 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. | Nameofthe Proposer | | | | | |
|----|---|--|--|--|--|--|
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| 2. | 2. Address In India for Communication : | | | | | |
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| | | | | | | |
| 3. | Phone No: | | | | | |
| 4. | E-mail:5. Dateof Birth D D M M Y Y Y | | | | | |
| | PassportNo: | | | | | |
| 7. | Country/Countries of Travel : | | | | | |

| | Period of Travel: Departure Date: | M M - Y Y Y Y ArrivalDate | D D - M M - Y Y Y | | |
|------------------|---|---|--|--|--|
| USD 1[USD 2[| □ 0 | e Select any one of the below Option | ns) | | |
| Payme | nt Details | | | | |
| Cash , | / Cheque Amount Bank/Na me | Cheque No. | Cheque Dt. Branch | | |
| Name : | | | | | |
| Signatu | re <u>:</u> | Date : | | | |
| Declarati | ion & warranty on Behalf of all Pers | ons Proposed to be insured | | | |
| | answers and/or particulars given I | by me are true and complete in all respects t | I to be insured, that the above statements, to the best of my knowledge and that | | |
| | I/We am/are authorized to propo | ose on behalf of these other persons. | | | |
| | I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after fill receipt of the premium chargeable. | | | | |
| | I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company. | | | | |
| | 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. | | | | |
| | I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority." | | | | |
| | APPLICANT'S SIGNATURE | DATE (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: | |

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

^{**}Please read declaration wordings carefully before signing the proposal form.