BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006. IRDA REG NO.: 113.
FOR ANY QUERY (TOLL FREE) 1800-209-0144/1800-209-5858 | www.bajajallianz.com
CIN: U66010PN2000PLC015329



TRIP DELAY DELIGHT

Middle Name

INSTRUCTIONS FOR FILLING UP THE FORM:-

Please answer all questions in BLOCK letters.

- I. This proposal will be the basis for issuing the Trip Delay Delight Rider that Bajaj Allianz General Insurance Company Ltd ["we" or "Company"]. You must disclose all facts [material or not material] relevant to all persons proposed to be insured that may affect our decision to issue a Rider or to decide on premium amount charged by Bajaj Allianz General Insurance Company Ltd ["Company"], terms, conditions and exclusions. Non-compliance of these requirements will result in our avoidance of the risk under the Rider & we shall have no liability to make any payment in the claim, if any, under the Rider.
- II. If there is no insufficient space for you to provide information whether as requested or otherwise, please attach a separate sheet. If you are in any doubt, please seek the advice of your insurance advisor
- III. If we accept a proposal for this insurance, it shall be subject to the standard Policy terms and conditions and We shall have no liability to make any payment under the Rider if premium (a) is not received by Us in full prior to assuming of risk, or (b) instrument is not realized (in case of cheque/DD/Pay Order payment) or (c) non-fulfillment of pre-policy check-up (wherever required).

IV.	The Liability	of the C	Comp	oany	doe	s no	t commence u	ıntil the Co	mpany's p	re-receipt of t	he preso	ribed	prer	nium	pric	or to	assur	ming	g of r	isk a	ind tl	nis P	ropo	sal h	as b	een
	accepted by t	the Com	pany	/anc	pre	miur	m has been paic	d.																		
1) I	Full Name:	Title								First	Name															

Surname

Is your name mentioned above as per your Aadhaar Card? : YES No If No, Please mention the Name as per Aadhaar Card	

2)	Nom	nee	with	rela	tion	with	Prop	oser	/insu	ired/	/Insu	ired F	ersc	n												

3) Address	
Permanent / Residential Address	Correspondence Address: (All the communications will be sent to the below address)
House No. House Name Name Name Name Name Name Name Nam	House No. House Name Landmark/ Locality Road/ Area Name
City/District	City/District
State Pin Code	State Pin Code
Tel.	Tel.(Res.)
Mobile	Tel.(Office)
Email	Mobile Number
	E-Mail
Date of Birth D D M M Y Y Y Passport No	
Departure Date D M M Y Y Y Y Arrival Date D M	M Y Y Y Y
Aadhar Card PAN Number	: Gender: Male Female

Choose your cover type

(a) Choos	your Geography of travel
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Plan I: Flight Delay for International Travel $\ \Box$

Plan II: Flight Delay for Domestic Travel (Within India Only) \Box

(b) Choose your Journey type:

One way Journey \square Round trip Journey \square Multi-trip \square

(c) Mention your Delay Slabs and Benefit Amount:

Onward Journey:

Slabs	Delay Exceeding*	Benefit**	Total Benefit
Slabs 1			
Slabs 2			
Slabs 3			

Return Journey (Applicable only for Round Trip and Multi Trip):

	1		
Slabs	Delay Exceeding*	Benefit**	Total Benefit
Slabs 1			
Slabs 2			
Slabs 3			

(* From half hour to 6 hours in multiple of half hour)

(** Benefit for International Plan will be in Dollars and Domestic Plan will be in INR)

Payment Details Cash / Cheque Amount Bank/Name Cheque No. Cheque Dt. Branch Name: Date : Signature of Proposer Declaration & warranty on Behalf of all Persons Proposed to be insured (a) I propose and am aware that this proposal of me is maximum for one year which may be renewed [subject to underrating policy of Company] by paying the premium well before expiry of one year period. (b) Information provided to me by company official/intermediary about policy exclusions and terms and conditions: I/we have been explained in full the details of exclusions, standard terms and conditions including the exclusion and knowing the same I/we have opted and proposed for this Policy. Bajaj Allianz General Insurance Co. Ltd Trip Delay Delight Proposal Form Page 3 of 3 (c) The contents of this proposal and connected documents have been fully read by me/explained to me and I have fully understood the significance of the proposed contract basis which I have requested/confirmed for policy issuance. (d) In case of Disagreement or objection or any changes with respect to information, declarations, Terms and Conditions, exclusions and contents mentioned hereinabove, I/we will contact the Company's toll free number & register my objections/changes/disagreement to the contents of this proposal or alternatively I may also send to the Company an email or written correspondence at the following details within a period of 15 days from date of my receipt of the transcript of this proposal along with Policy. In case of Company's non-receipt of my disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that I have positively confirmed to the Company the correctness of the transcript of my proposal and declaration. **DECLARATION** 1. I 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 am authorised to propose on behalf of these other persons. 2. I understand that the information provided by me will form the basis of the insurance policy/ Master Policy/Certificate of Insurance, and is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after Company's pre-receipt of the full premium chargeable. 3. I further declare that I 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. 4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement. 5. Lauthorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. nformation mentioned below, it shall be deemed that I have positively confirmed to the Company the correctness of the transcript of my proposal and declaration. Date :_ Place : Signature/ Thumb Impression of the Proposer 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** Date : Place : Signature (On behalf of Proposer) *Please read declaration wordings carefully before signing the proposal form. **This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer. Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

NOTE

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.

Toll free Number: 1800-103-2529, 1800-22-5858, 1800-102-5858 and 1800-209-5858

Email address: bagichelp@bajajallianz.co.in

Website: www.bajajallianz.com

Contact our Policy servicing branch at:

This is print of electronic records maintained by us in accordance with law and hence does not require signature.