

P-9910

Intermediary Code

TRAVEL COMPANION PROPOSAL FORM

1. Name of the Proposer :

2. Address :

3. Phone No. :

4. E-mail _____

5. Date of Birth

6. Passport No. Assignee

7. Departure Date : Arrival Date :

8. Plan
 Choose Travel Companion Plan Travel Care Travel Secure Travel Value Travel Family
 Student Companion Corporate Life Corporate Plus Corporate Frequent Traveller Travel Age
 Choose Geographic Coverage Excluding USA / Canada Including USA / Canada

| Family Members | | | | | |
|----------------|------|---------------|--------|--------------|----------|
| S.No. | Name | Date of Birth | Gender | Passport No. | Assignee |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

| S.No. | a) Are you suffering or have you ever suffered from any illness/ disease / ailment upto the date of making this proposal or suffer from physical defect or deformity? Please give details | b) Have you been admitted to any hospital / nursing home / clinic for treatment or observation ? Please give details | c) Are you currently or in past have been on any medications ? Please mention | d) Have you ever claimed under your earlier travel policy? If yes, please give details under the section claimed. | Please mention the name, address and telephone no. of your family doctor and/or specialist |
|-------|---|--|---|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

If answer to any of the above a) to d) is Yes.
Please give details :

I hereby declare & warrant that the above statement is true and complete in all respects and that information relevant to my application of insurance has been disclosed to you. I understand that this policy does not cover any pre-existing medical condition/injury/illness/deformity and complications arising from them that are declared or undeclared. I will not be travelling against the advice of a physician will not be travelling for the purpose of obtaining medical treatment. I consent to Bajaj Allianz seeking medical information from any doctor in respect of any matter relating to my physical or mental health and I authorize and consent to him giving such information to Bajaj Allianz and / or to the claims administrator or medical advisors.

I agree to this proposal and the declaration shall be the basis of the contract between me and Bajaj Allianz and I agree to accept the policy subject to the terms & conditions prescribed by Bajaj Allianz General Insurance Company Ltd.

I/we have read and understood the Privacy Policy of your Company at www.bajajallianz.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.

Payment Details

| | | | | | | |
|---------------|------------------|--|-------------------|--|-------------------|--|
| Cash / Cheque | <i>Amount</i> | | <i>Cheque No.</i> | | <i>Cheque Dt.</i> | |
| | <i>Bank/Name</i> | | | | <i>Branch</i> | |

Signature :

Date :

Additional information to be completed by the student (Only for student companion plan)

- Name of the Student : _____
- Date of Birth : _____
- Name of the School overseas : _____
- Detailed address of the school/Telephone no: _____

- Course opted for : _____
- Duration of the course : _____
- Number of Semesters : _____
- Tuition fees per Semester : _____
- Tuitions financed by (Self, parents, borrowing from bank or FI's), please give details _____

- Have you undergone medical examination/fitness test? _____

- Would like to state any thing that is not asked which you may want the insurer to know? _____

Name : _____

Signature : _____

Date : _____