

Bajaj Allianz General Insurance Company Limited

Regd. & Head Office: GE Plaza, Airport Road, Yerwada, Pune 411006.

Proposal No:

For Office Use Only				
Scrutiny No		Remarks		
Receipt No				
Policy No				

For Agent Use Only:				
IMD Code		Mobile No		
Sub IMD Code				
IMD Name				

E-TRAVEL PROPOSAL FORM

Please answer all questions in BLOCK letters.

- I. This proposal 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 there is 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 Policy terms and conditions and We shall have no liability to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized(in case of cheque payment) or non-fulfillment of pre-policy checkup(wherever required)
- IV. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

1.	. Name of the Proposer					
r	Address					
2.						
1						
3.	Phone No:					
4.	E-mail:5. Date of Birth					
6.	Occupation :					
7. Departure Date						
8.	3. Details of Persons to be insured					

Family Members						
Sr. No	Name	Date of Birth	Gender	Passport No.	Nominee	
1						
2						
3						
4						

*Nominee for self has to be one of the below mentioned relations. "Father, Mother, Son, Daughter, Spouse, Financier, Employer & Others"

If Nominee is "Others" please specify ------.

Payment Details

Cash / Cheque		Cheque No.	Cheque Dt.	
	Bank/Na me		Branch	

Name :_____

Signature :

Declaration & warranty on Behalf of all Persons Proposed to be insured

I/We am/are authorized to propose on behalf of these other persons.

APPLICANT'S SIGNATURE

DATE (DD/MM/YY)

Date : _____

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:	 		
Name			

Date: _____

Signature (On behalf of Proposer) _____

*** 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.