

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 Or	nly:	
IMD Code		Mobile No
Sub IMD Code		
IMD Name		

TRAVEL PRIME 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 check-up(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.	1. Name of the Proposer		
2.	2. Address		
3.	3. Phone No:		
4.	4. E-mail:5. Date of Birth	D - M	M - Y Y Y
6.	6. Passport No :		
7.	7. Occupation:		
8.	8. Departure Date Departure Date Arrival Date	D - M	M - Y Y Y Y

9. Geographical Location



Worldwide Including USA/Canada		Worldwide	e Excluding U	JSA/Canada		
Asia Excluding Japan						
Family Doctor Details						
Name			Qualifica	tion		
Reg No		Mobile	No			
Address						
10. Choose Plans						
Travel Prime Individual Plans and Travel Silver: 50000 USD Go Super Platinum: 750000 USD	Prime Holida ld: 200000 U	•		atinum: 5000 num: 100000		
Travel Prime Corporate Plans Corporate Lite: 250000 USD Corporate Maximum: 1000000 USD Corporate Age Plus: 200000 USD		•	e Plus: 50000 e Age Lite: 50			
Travel Prime Holiday Plans & Travel Prime Asia Plans Asia Flair: 15000 USD		Asia Su	preme: 2500	00 USD		
Travel Prime Age Plans Silver: 50000 USD Go Super Platinum: 750000 USD	ld: 200000 U	SD		um: 500000 num: 100000		
Travel Prime Super Age Plan: 50000			Age			
USD	71-75 Yrs	76-80 Yrs	81-85 Yrs	86-90 Yrs	More tha	an 90 Yrs
With Pre Policy Health Check Up Without Pre Policy Health Check Up						
Journey within 30 Days Without Pre Policy Health Check Up						
Journey after 30 Days						
Travel Prime Family Plan : Standard	: 50000 USD		Silver: 100	000 USD		
	er: 100000 U er Gold: 5000	<u> </u>		00000 USD latinum : 750	 0000 USD	

11. 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.

12. Medical History

Questions	Insured 1	Insured 2	Insured 3	Insured 4
During the last 4yrs and before 4yrs, have any of the				
proposed insured consulted any physician for treatment				
or medical investigation or surgical operation, Accident				
or been hospitalized for any disorder?				
Have any of the proposed insured's ever been				
diagnosed with or advised to seek treatment for any				
one or more from the following: heart disease,				
Diabetes/ raised blood sugar, High blood pressure/				
Hypertension, Circulatory disease?				
Paralysis, cancer, Disease of kidney, Liver, Stomach,				
Intestine, brain, Lung or joint disorder, mental illness,				
Congenital/ Birth defect ,Physical deformity, or				
HIV/AIDS				
Any other illness, impairment, disability or surgery not				
mentioned above?				
Disorders of eye, ear, nose or throat, Gland disorder				
such as thyroid, Blood disorder or disorder of				
reproductive or urinary system				
Have any of the proposed insured's Parents, brothers or				
sisters had heart disorders, cancer, Diabetes,				
neurological or mental disorder, hereditary or chronic				
disorder?				
Is any of the proposed insured currently taking any				
medication/ treatment for any disease or disorder?				
Is any of the proposed insured is currently pregnant				
Have any of the proposed insured proposal or				
application for reinstatement of life, health and				
accident insurance ever been declined, postponed,				
withdrawn or accepted with modified terms by any				
insurance company?				
Does any person proposed to be insured smoke or				
consume tobacco, alcohol or any other form of				
Tobacco?				

13. Additional Information

Sr.	Name of the proposed	Please specify the	Treatment details	Outcome of treatment
No.	Insured	illness details with	with treating	(e.g. Ongoing, complete

[&]quot;Father, Mother, Son, Daughter, Spouse, Financier, Employer & Others"

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



					likely to r	recur)
Additio	nal inforr	nation to be	completed by	the student (Only for	Travel Prime	Student plan)
Name Of the Stu Date of Birth	udent :					
Name of the Sch	hool Over	seas:				
	_					
Course Opted for Duration of the	Course:					
Number of Sem	esters :					
raidon rees rei	Jemeste	· ·				
Tuitions	s financed	bv (Self. par	ents. borrowing	g from bank or FI's), p	ease give det	ails
 Have yo 	ou underg	one medical	examination/fi	tness test?		
Would I	like to sta	te any thing	that is not aske	d which you may wan	t the insurer t	o know?
• Would I	like to sta	te any thing	that is not aske	d which you may wan	t the insurer t	o know?
				d which you may wan Travel Prime Holiday	t the insurer t	o know?
Additio	nal inforr	nation to be	completed for	Travel Prime Holiday		
Additio	nal inforr	nation to be	completed for			
Addition Number of Pass Kindly attach Ar	nal inforr sengers:	mation to be	completed forNun	Travel Prime Holiday nber of Travel Days: _ in below format.		
Addition Number of Pass Kindly attach Ar	nal inforr	mation to be tating details Date Of	Nun s of passengers Passport	Travel Prime Holiday nber of Travel Days: _	Medical	Family Doctor
Addition Number of Pass Kindly attach Ar	nal inforr sengers:	mation to be	completed forNun	Travel Prime Holiday nber of Travel Days: _ in below format.		
Addition Number of Pass Kindly attach Ar Name	nal inforr sengers: nnexure si Gender	mation to be tating details Date Of	Nun s of passengers Passport	Travel Prime Holiday nber of Travel Days: _ in below format.	Medical	Family Doctor
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Additio Number of Pass Kindly attach Ar Name Payment Detail: Cash / Cheque	nal information in the sengers: nnexure si Gender S Amount Bank/N me	tating details Date Of Birth	completed forNun s of passengers i Passport No	Travel Prime Holiday nber of Travel Days: _ in below format. Address Cheque No.	Medical History Cheque Dt. Branch	Family Doctor Details
Addition Number of Pass Kindly attach Ar Name Payment Details	engers:nnexure si Gender	tating details Date Of Birth	completed for Num s of passengers Passport No	Travel Prime Holiday nber of Travel Days: _ in below format. Address Cheque No.	Medical History Cheque Dt. Branch	Family Doctor Details
Addition Number of Pass Kindly attach Ar Name Payment Details Cash / Cheque Name : Signature : Declaration & warra	nal information in the sengers: nnexure sign Gender S Amount Bank/N me	tating details Date Of Birth	completed for Num s of passengers Passport No ns Proposed to be i	Travel Prime Holiday nber of Travel Days: _ in below format. Address Cheque No.	Medical History Cheque Dt. Branch	Family Doctor Details

I/We am/are authorized to propose 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 any time 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."
	I/We have read and understood the Privacy Policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.
	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
	APPLICANT'S SIGNATURE DATE (DD/MM/YY)
Insurar	nce Act, 1938 Section 41 - Prohibition of Rebates Insurance Act
in respect premium may be al	n 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 to fany 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 shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as llowed in accordance with the published prospectus or tables of the insurer ANY PERSON MAKING FAULT IN COMPLYING WITH DVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.
	that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood cance of the proposed contract***
Name	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.

 $\ensuremath{^{**}\text{Please}}$ read declaration wordings carefully before signing the proposal form.