

For Office Use Only :

For Agent Use Only :

Scrutiny No.	Receipt No.	Policy No.	Loan Account Number	IMD Code	Sub IMD Code	IMD Name	Mobile No.	Emp/LG Code
				10024435	---	ARVIND V MANI	+91- 97894 50467	----

**WOMEN SPECIFIC CRITICAL ILLNESS - PROPOSAL FORM**

1. Please answer all questions in BLOCK letters
2. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted

**Proposer Details**

1) Full Name: Title  First Name  Middle Name  Surname

2) Are you an existing Bajaj Allianz Customer: Yes / No If yes, please mention the Policy No: OG

3) Gender: Female  4) Date of Birth :

5) PAN No.  6) UID/Unique ID :

7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee:

8) Marital Status:  Married  Single  Divorced  Widowed 9) No. of Children Sons  Daughters

10) Occupation :  Business  Salaried  Professional  Student  House Wife  Retired  Others

11a) Permanent / Residential Address :

House No & Name

Landmark/Locality

Road/Area Name  City

State  Pin Code

11b) Correspondence Address : (All the communications will be sent to the below address)

House No & Name

Landmark/Locality

Road/Area Name  City

State  Pin Code

Telephone (Res.)  Telephone (Office)

Mobile Number  E-Mail  @

12) Educational Qualification:  Matriculate  Under Graduate  Graduate  Post Graduate  Professionally Qualified

13) Family Monthly Income: Up to Rs. 20,000  Rs. 20,001 to Rs. 50,000  Rs. 50,001 to Rs. 1 lakh  Above Rs. 1 lakh

14) In case of any Offer, you would prefer to be contacted by: Phone  Email  15) Nationality

**Plan Details (Sum Insured Options)**

- 1) Rs. 50,000      2) Rs. 1,00,000      3) Rs. 1,50,000      4) Rs. 2,00,000

**Insured Details**

S. No.	Name	DOB (dd/mm/yy)	Age	Ht.	Wt.	Employer's details / Name of the Organisation (For Working members)	Premium	Nominee	Relation of Nominee

**Health Details**

Please tick Yes / No

1. Has your Health Insurance / Life Insurance proposal ever been declined? If yes kindly mention the reason below YES  / NO
2. Are you in good health & entirely free from any mental / physical impairments or deformities? YES  / NO
3. Unexplained night sweat and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands? YES  / NO
4. Have you ever suffered from or do you suffer from Cancer or Tumor of any kind? YES  / NO
5. Have you ever suffered from or do you suffer from Diseases of the Nervous system or Mental Disorders e.g. Stroke, Epilepsy, Fits / Fainting attacks, Frequent Headache, Psychiatric Disorders? YES  / NO

6. Please confirm if you had or currently have - Breast lumps /pain associated with BReast Lumps / discharge from breast other than breast milk /redness, scaliness, or thickening of the nipple or breast skin YES  / NO
7. Have you or any of your immediate family members (Father / Mother / Brother or Sister) have /had Cancer, Heart Attack, and Stroke? Was it prior to 60 yrs of age? YES  / NO
8. Do you have any abnormality in menstrual cycle - Irregular Menstrual Cycle  Heavy bleeding  Ovulatory disorders  Pelvic Inflammatory Disease  Any other diseases / disorders /complaints of Reproductive system  YES  / NO
9. Please confirm if you are pregnant at the time of proposal, if yes, please confirm the No of weeks/months \_\_\_\_\_ YES  / NO
10. Did you have any problems in earlier pregnancies? YES  / NO
11. Have you ever suffered from any other disease/illness other than the ones mentioned above ? YES  / NO
12. In past 4 years have you ever consulted a Doctor or under gone any test like Ultra Sonograms, CT Scan, 2D Echocardiography, ECG, or Biopsy ?If Yes, please provide the reports YES  / NO
13. Have you ever been advised by the Doctor for Hospital admission/treatment or Surgery or to be on regular medication? YES  / NO

If your answer to any of the above is YES, please provide complete details of the illness/disease/condition in the table below (Attach extra sheet if required):

Please enclose the copies of investigation reports / consultation letters / Discharge summary ( If available)

Details of disease/illness/injury suffering from	Treatment/Medication received/receiving	Month and year when first treated	Name of attending Medical Practioner/Surgeon with address and telephone no.	If completely cured/ Currently under treatment?

### Declaration

- "I/We 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/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 full receipt of the premium chargeable.
- I/We further declare that l/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."

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Name and Designation: \_\_\_\_\_

\_\_\_\_\_

Signature of Proposer

### Insurance Act, 1938 Section 41 - Prohibition of Rebates

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\*\*\*

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Name and Designation: \_\_\_\_\_

\_\_\_\_\_

Signature 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.