

Bajaj Allianz General Insurance Company Limited

Head Office & Regd. Office: GE Plaza, Airport Road, Yerawada, Pune 411 006

PRAVASI BHARATIYA BIMA YOJANA PROPOSAL FORM

Important: this proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

PLEASE ANSWER EVERY QUESTION COMPLETELY
(This insurance does not commence until the proposal is accepted and premium paid)

1. Name of the Insured
2. Mailing Address
 Pin code:
3. Telephone No.
4. Date of Birth
5. Pass port No.
6. Pass port issue date date of expiry
7. Name of nominee
8. Relationship with the Nominee
9. Address of the Nominee

 Pin code: Tel No.
10. Sponsor/Company Name
11. Sponsor/Company Address
12. Destination country _____
13. Occupation and Designation of the Job for which the Emigrant is going _____

14. Do you have any existing disability? If yes, please give details _____

15. Are you suffering from any disease? If yes, please give details including the names of medicines being taken. _____

16. Have you been hospitalized in the past? If so please give details. _____

17. Please give the name and address along with telephone no. of your family doctor _____

18. Policy period required _____

19. Details of Family: Please give name of spouse and maximum two children (below 21 years) who have to be covered

Spouse: _____

Child 1 : _____

Name: _____

Name : _____

Date of Birth: _____

Date of Birth : _____

Existing illness, if any: _____

Existing illness, if any : _____

Any past history of hospitalization (please give details)

Any past history of hospitalization (please give details)

Child 2: _____

Name: _____

Date of Birth: _____

Existing illness, if any: _____

Any past history of hospitalization (please give details)

I hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance for myself or the other persons to be insured that has not been disclosed to you. I agree that this proposal and the declarations shall be the basis of the contract between me and/or the other persons to be insured and Bajaj Allianz and I/We and/or the other persons to be insured agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz. I consent and authorise Bajaj Allianz to seek medical information from any Hospital/Medical Practitioner who has at any time attended or may attend concerning any disease or illness, which affects my physical or mental health.

I also understand the following:

1. This policy is available only to Indian Passport holders who requires Emigration Check and this requirement is endorsed in the passport.
2. This policy does not cover any pre-existing medical conditions that are declared on undecleared.

Place : _____

Date : _____

Signature of the Proposer

SECTION 41 OF INSURANCE ACT, 1938

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 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 prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.