



- b) Diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia or emphysema)?  Yes  No
- c) Diseases of the genito-urinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?  Yes  No
- d) Diseases of the gastrointestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B, hepatitis C or other disorders of the liver, disorders of the gall bladder)?  Yes  No
- e) Diseases of the nervous system or mental disorders (e.g. stroke, epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown, depression or other mental or psychiatric disorder)?  Yes  No
- f) Diabetes mellitus, cancer or tumour of any kind, or any diseases of the blood, glands, spleen, ears, eyes or skin?  Yes  No
- g) Unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands?  Yes  No
- h) Any other diseases or ailments not mentioned above?
4. Have you or any of your immediate family members (father, mother, brother, or sister) have/had cancer, heart attack, or stroke and at what age? Prior to age 60?  Yes  No
5. Have you ever had or been advised to have hospital treatment or surgery?  Yes  No
6. Have you ever had or been advised to have a blood test for AIDS or an AIDS-related condition or have you ever been refused as a blood donor?  Yes  No
7. In the past 5 years, have you consulted a physician for any reason or have you had any investigation such as blood or urine tests, X-rays, electrocardiograms, ultra sonograms, CT scans or biopsy, other than for routine employment or immigration purposes?  Yes  No
8. Have you ever received or do you now receive any personal accident, disability benefit, or disability-related payments?  Yes  No
9. Are you at present or any time in past were on any medication, special diet, or treatment?  Yes  No
10. Have you ever taken narcotics or other habit forming drugs or been treated or advised in connection with your alcohol consumption or the taking of drugs?  Yes  No
11. Do you participate or do you intend to participate in any hazardous sports or activities such as motor sports, climbing, parachuting, hang-gliding, or aviation except as a fare-paying passenger?  Yes  No
12. Are you pregnant (for female only)? If yes, please state how many months. Please state if you had any pregnancy related complication during your previous pregnancy/delivery?  Yes  No
13. Have you smoked or used any substance or product containing tobacco, nicotine or marijuana? If yes, please state duration and average daily consumption and type: \_\_\_\_\_  Yes  No
14. Name and address of your regular medical consultant:  
\_\_\_\_\_

If you answered "yes" to any of the questions numbered 1 to 13 (in Section 3 Health Status), please give complete details (including dates, duration and treatment, names and addresses of physicians) on the reverse of this form and include your signature and the date.

#### Section-IV Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them; (ii) any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or any intermediary or claims investigator or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Bajaj Allianz. Requests for such access can be made to the Company.

#### Section-V Agreement

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 any other person 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 Bajaj Allianz and I agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz.

I hereby apply for Critical Illness Insurance under Individual Insurance Policy issued to me by Bajaj Allianz, subject to all terms, conditions and provisions of the policy.

I understand that no insurance can be granted prior to approval by Bajaj Allianz.

I understand that the insurance coverage will commence after the first premium is received by Bajaj Allianz.

I authorize any physician, nurse, hospital official or employee to disclose to the Bajaj Allianz any and all information regarding my medical history.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (Day/ Month/Year)

**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 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 DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

**Portability Annexure**

**Please fill this form if Portability is opted**

Reason for Portability \_\_\_\_\_

**Past Insurance Details**

(Please attach policy copies as declared)

Name of Insurance Company	Details of Previous Health Insurance Policy / Policy No.	Sum Insured	Period of Insurance		First Policy inception date	Ailment claimed for	Amount of Claim
			From dd/mm/yyyy	To dd/mm/yyyy			

If the existing coverages of the previous policy are different than the BAJAJ ALLIANZ critical illness cover then kindly give the below declaration

I am aware that the continuity will be considered only on the common coverages or ailments in both the previous & the present companies. I hereby agree to observe the additional waiting periods

I/we declare that the statements made by me/us in this proposal form are true and to the best of my / our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Bajaj allianz General Insurance Company.Ltd.. I / we also declare that if any additions or alterations are carried out after the submission of this proposal form and /or issuance of policy document, the same would be conveyed to the Bajaj allianz General Insurance Company Ltd immediately. I further consent and authorize Bajaj allianz General Insurance Company Ltd and/or any of its authorized representatives to seek medical information from any hospital/medical practitioner who has attended or may attend in future concerning any disease or illness. I further declared that I have read the prospectus and have understood the same. I accept the policy, subject to terms, exceptions and conditions prescribed therein and further disclose that on the event of finding any thing contrary to what has been declared by me, I shall be held responsible for all consequences thereof and insurance company shall incur no liability under this insurance

Enclosure: Photocopy of Existing Policy documents

**Declaration**

I am aware that the waiting period for Pre-existing diseases / time bound exclusions is \_\_\_\_\_ years more than the previous policy terms. I hereby agree to observe the additional waiting periods

I/we declare that the statements made by me/us in this proposal form are true and to the best of my / our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Bajaj allianz General Insurance Company.Ltd.. I / we also declare that if any additions or alterations are carried out after the submission of this proposal form and /or issuance of policy document, the same would be conveyed to the Bajaj allianz General Insurance Company Ltd immediately. I further consent and authorize Bajaj allianz General Insurance Company Ltd and/or any of its authorized representatives to seek medical information from any hospital/medical practitioner who has attended or may attend in future concerning any disease or illness. I further declared that I have read the prospectus and have understood the same. I accept the policy, subject to terms, exclusions and conditions prescribed therein and further disclose that on the event of finding any thing contrary to what has been declared by me, I shall be held responsible for all consequences thereof and insurance company shall incur no liability under this insurance

Enclosure: Photocopy of Existing Policy documents

Place:

Signature of Proposer

Date:

Name and Designation

**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\*\*\***

Place:

Signature (On behalf of Proposer)

Date:

Name

\*\*\* 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.