

TRAVEL ASSIST PROPOSAL FORM

CARD

Proposer's Name : _____ Date of Birth _____

Address : _____

Pin _____

Passport No : _____ Assignee : _____

Phone Number : _____ Mobile No. : _____

Email id : _____

Departure Date From India [DD/MM/YY] _____ Arrival Date Back to India [DD/MM/YY] _____

Name of country to which travelling _____

Choose Plan Travel Assist Classic ☐ Travel Assist Premium ☐ Travel Assist Privileged ☐ Travel Assist Age ☐

Choose Geographic Coverage ☐ Excluding USA / Canada ☐ Including USA / Canada

Family Members (Only if travelling together)

Sr. No.	Name	Date of Birth	Gender	Passport No.	Assignee	Relationship with insured

Medical History :

a) Are you suffering or have you ever suffered from any illness/disease/ ailment up to the date of making this proposal or suffer from physical defect or deformity? Please give details. _____

b) Have you been admitted to any hospital/nursing home/clinic for for treatment or observation? Please give details. _____

c) Are you currently or in past been on any medications ? Please mention _____

d) Have you ever claimed under your earlier travel policy ? If yes please give details under the section claimed . _____

Please mention the name, address and telephone number of your family doctor and/or specialist. _____

If answer to any of the above a) to d) is yes Please give details

I Hereby declare & warrant that the above statement is true and complete in all respects and that information relevant to my application of insurance has been disclosed to you. I understand that this policy does not cover any pre-existing medical condition /injury/illness/deformity and complications arising from them that are declared or undeclared . I will not be travelling against the advice of a physician. I will not be travelling for the purpose of obtaining medical treatment. I consent to Bajaj Allianz seeking medical information from any doctor in respect of any matter relating to my physical or mental health and I authorize and consent to him giving such information to Bajaj Allianz and / or to the claims administrator or medical advisors.

I agree to this proposal and the declaration shall be the basis of the contract between me and Bajaj Allianz and I agree to accept the policy subject to the terms and conditions prescribed by Bajaj Allianz General Insurance Company Ltd.,

Date : _____

Signature _____

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc.” ☐ Yes / ☐ No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification. ☐ Yes / ☐ No
- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes / ☐ No
- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes / ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App – <http://onelink.to/v9zp7c>, WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS “WORRY” to 575758, Email – bagichelp@bajajallianz.co.in, website – <https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.