

- 20) Has any of the persons to be insured suffer from/or investigated for any of the following?
Disorder of the heart, or circulatory system, chest pain, high blood pressure, stroke, asthma, any respiratory conditions, cancer/ tumor /lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital/ birth defects/ urinary diseases, AIDS or positive HIV, If yes, indicate in the table given below

Yes No

If yes please provide details

Name of Insured _____

Details of Disease _____

- 21) Do you or any of the family members to be covered have/had any health complaints/met with any accident in the past 4 years and have been taking treatment/ hospitalization?
(Please provide details in the table given below)

Sr. No	Name of the person	Name of the Illness/injury suffered / suffering in the past	Treatment details	Date first treated	Current Status of the Illness/Diseases/Injury
1				dd/mm/yyyy	
2				dd/mm/yyyy	
3				dd/mm/yyyy	
4				dd/mm/yyyy	
5				dd/mm/yyyy	
6				dd/mm/yyyy	
7				dd/mm/yyyy	
8				dd/mm/yyyy	

22) EXISTING/PREVIOUS INSURANCE DETAILS*

Is the proposer or the persons proposed, already insured under a health insurance plan with Bajaj Allianz General Insurance Company Limited or any other insurance Company?

Yes No

If Yes, Please provide following details:

Policy No	Name of Insurance Company	Insured Name	Period of Insurance		Sum Insured (Rs.)	Claims lodged during the preceding years
			From	To		

23. Do you want Us to consider these details for continuity*? Yes No

*Please note that continuity of benefits shall NOT be considered if the above question of want of continuity is not replied affirmative, details are not provided and Portability form and relevant supporting documents are not submitted

Payment Details

Mode of payment: Cash Debit Card Credit Card Others

Instrument No.	Name of the Premium Payer	Relationship of Payer with Proposer	Bank Details	IFSC Code	Account No	Amount (in Rs.)

Please make a A/C Payee Cheque/DD/Pay Order in favor of 'Bajaj Allianz General Insurance Company Limited'

* These fields are mandatory, please fill all the required details