Bajaj Allianz General Insurance Co. Ltd G.E. Plaza, Airport Road, Yerawada, Pune - 411006.



For Agent Use Only :								
Emp/LG Code	IMD Code	Sub IMD Code	IMD Name	Mobile No.				

HEALTH ENSURE - DIGITAL CUSTOMER FORM								
Proposer Details								
1. Full Name: Title*								
2. Are you an existing Bajaj Allianz Customer: Y es / No If yes, please mention the Policy No: OG 3. Gender:*								
House No & Name								
Landmark/Locality								
Road/Area Name								
State Pin Code								
Telephone (Res.)								
Mobile Number E-Mail								
11b) Correspondence Address : (All the communications will be sent to the below address) Same as Above								
House No & Name								
Landmark/Locality Landmark/Locality								
Road/Area Name								
State Pin Code								
12. Educational Qualification:								
18) Sum Insured Options:								
a) Individual Sum Insured Ontions (Please mention the member wise sum insured in the member details table)								

a) Individual Sum Insured Options (Please mention the member wise sum insured in the member details table) b) Family Floater Sum Insured in INR (Please Tick from Options Below) 2 lacs 3 lacs 5 lacs 10 lacs 4 lacs 19) Details Of Persons To Be Insured

Member Details *	Relationship with Proposer	Date of Birth DD/MM/YYYY	Age	Height (cms)	Weight (Kg)	Gender (M/ F)	Sum Insured	Nominee	Nominee Relationship with Insured
		dd/mm/yyyy							
		dd/mm/yyyy							
		dd/mm/yyyy							
		dd/mm/yyyy							
		dd/mm/yyyy							
		dd/mm/yyyy							

D d c	isorder of the heart, isorder of urinary tra	or circulatory system, chest ict or kidneys, blood disorde cts/ urinary diseases, AIDS o	investigated for any of the follor pain, high blood pressure, strol er, any mental or psychiatric co r positive HIV, If yes, indicate in th	ke, asthm nditions,	any disease of b	ry conditions, orain or nervol	cancer/ tur us system,	mor /lump of any k fits (epilepsy) slipp	ind, diabetes, hepatitis, ped disc, backache, any	
Name c	of Insured									
	of Disease									
21) D (I	o you or any of the far Please provide details	nily members to be covered in the table given below)	have/had any health complaint	s/met wi	th any accident i	in the past 4 ye	ars and hav	ve been taking trea	ment/hospitalization?	
Sr. No	No Name of the person		Name of the Illness/injury suffered / suffering in the past		Treatment details		Date firs	t treated of th	Current Status of the Illness/Diseases/Injury	
1							dd/mm	1/уууу		
2							dd/mm	n/yyyy		
3							dd/mm	n/yyyy		
4							dd/mm	n/yyyy		
5							dd/mm	n/yyyy		
6							dd/mm	n/yyyy		
7							dd/mm	n/yyyy		
8								dd/mm/yyyy		
Is C			y insured under a health insur	ance pla	n with Bajaj Alli	ianz General I	nsurance (Company Limited	or any other insurance	
	Policy No	Name of Insurance Company	Insured Name	Period From	d of Insurance	Sum Insu (Rs.)	red	Claims lodg preced	ims lodged during the preceding years	
-										
*I fo	Please note that cont	consider these details for co inuity of benefits shall NOT porting documents are not s Cash Debit Card	be considered if the above que		vant of continuit	ty is not replied	d affirmativ	/e, details are not p	rovided and Portability	
	Instrument No.	Name of the Premium Payer	Relationship of Payer with Proposer	Ba	nk Details	IFSC Coc	le	Account No	Amount (in Rs.)	
		<u> </u>								

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