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# APPLICATION FOR GROUP CREDIT PROTECTION PLUS

**Master Policy Holder Name:** BAJAJ HOUSING FINANCE LTD

**Master Policy No.** 03386041 80 **Scheme name** UCPP

LIFE GOALS. DONE.

BAJAJ Allianz

SUB2D-7ABL000353

*6080964892*

Bajaj Allianz Life Insurance Co. Ltd., Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006.

## Agent's Details (For office use only)

Application No. 232173449 15 ☐ Rural Banks ☐ MFI ☐ Corporate Agents ☐ Corporate Division ☐ NBPSU ☐ Co-operative Banks

Others ☐ Broker ☐ NBFC ☐ Web Sales ☑ BFL

Bank Ref. Code 172953 STM/FSC/IC Name BHFL Branch 403-DILLOCU-CHE

Receipt No. STM/FSC/IC Code 59L0000000 Sector ☑ Urban ☐ Rural

## 1. Personal Details — To be Filled by Member

Title Mr./Mrs./Ms./Dr. Name First THAVAMONY CJ

Middle

Last

Date of Birth 07/06/1979 Sex ☑ Male ☐ Female

Nationality INDIAN

Age 39 Place of Birth CHENNAI

Age Proof ☐ Birth Certificate ☐ SSC Certificate ☐ Driving License ☐ Passport ☑ PAN ☐ Other

Preferred Language ENGLISH

I am a New Customer ☐ Existing Customer ☑

Annual Income

Occupation SALARIED

Exact Designation

CURRENT MAILING ADD

Door No. 2J Building Name INDIRA ENCLAVE

Plot No./ Street Name 52 NARASHIMAN STREET

Landmark/ Area NELSONMONICKRAM ROAD

Place

City/District CHENNAI

State TAMILNADU Pin Code 600029

Area Code Country Code Tel. No.

Tel.

Country Code Mobile No.

9 | 44486870 9

## Nominee Details (Under Section 39 of Insurance Act 1938)

| | Nominee 1 | Nominee 2 |
|---|---|---|
| Name & Surname | SAROJINI HELEN VANITHA | |
| Place of Birth | CHENNAI | |
| Date of Birth | 15/01/1979 | |
| Relationship to Member | SPOUSE | |
| % Share of Nomination | 100% | |

P4174724201

## Appointee details (If nominee is a minor)

| Name & Surname | Place of Birth | Date of Birth | Relationship to Member |
|---|---|---|---|
| | | | |

inor, an appointee who is a major shall sign the Application form below and shall ...ship with the Nominee. Relationship to the nominee

I accept the appointment herein made

Signature Place

## Coverage Information

Premium (in ₹) 553060 Premium Paying Term 01

Date of deposit of Premium D D M M Y Y Y Y

Premium Type Single ☑ Regular ☐ Membership Term 010

Premium Frequency (In case of Regular) ☐ Yearly ☐ Half Yearly

Sum Assured 7130117 ☐ Quarterly ☐ Monthly

1. Accelerated Critical Illness ☑ Yes ☐ No

2. Accidental Permanent Total Disability Benefit cover ☐ Yes ☑ No

## Collection Details

☑ ~~CDC~~ By ☐ Cheque/DD ☐ Cash ☐ ECS ☐ Direct Debit

## Bank Details

MICR Code

IFSC Code

A/C No.

A/C Type

Cheque/DD No.

Cheque/DD Date D D M M Y Y Y Y

IT Assesse ☑ Yes ☐ No Pan No. AHUPT8665R

## To be filled by Master Policy Holder

MPH Branch Name CHENNAI Loan Account Number

Period of Loan / Remaining Loan Period Years Loan Amount / Outstanding Balance (inclusive of premium if any) ₹

Rate of Interest % Date of Loan Disbursement Cover Type - Level ☑ Reducing ☐

Type of Loan: Moratorium ☐ Moratorium Period in years (If ticked Yes) Premium Finance - Yes ☐ No ☑

## Simplified Medical Questionnaire (SMQ) — Proposed Insured

Occupation: Salaried ☑ business ☐ Self-employed ☐ Retired ☐ Student ☐ Housewife Annual Income:

Nationality: Resident Indian ☐ NRI ☐ PIO ☐ Foreign National ☐

a) Height (in cms) 179

b) Weight (in Kgs) 78

c) Has there been any variation in weight of more than 5 kg in the past 6 months (other than weight loss programme)? Yes ☐ No ☑

1) Do you have any form of physical deformity, disability, accident history, injury, fractures, congenital diseases, external or internal body defect which may or may not restrict your day today activities? Yes ☐ No ☑

2) Do you suffer from or have you suffered from or received consultation or investigation or treatment for or are you currently receiving treatment for or awaiting medical or surgical treatment for:

a) High Blood Pressure, cholesterol, Chest pain/discomfort, Heart Attack, irregular or fast heart rate or any other disorder of heart or blood vessel, Stroke, Epilepsy, Paralysis in any form, or any other Cerebrovascular Disease; Yes ☐ No ☑

12/2017

b) Diabetes, sugar in urine, thyroid disease or any other Endocrinal Disease, or Kidney, prostate or genitourinary disease like blood or albumin in urine, sexually transmitted or venereal diseases, etc.; Yes ☐ No ☑

c) Any form of hepatitis, jaundice or liver Disease or disorders of eye/ear/nose/throat (excluding common cold) Yes ☐ No ☑

d) Any lung or respiratory disease (e.g. Asthma, bronchitis, Tuberculosis, COPD, persistent cough, etc.). Yes ☐ No ☑

e) Anaemia or any Blood Disorders, gastric or duodenal ulcers, colitis, chronic diarrhoea or other Gastro-Intestinal Diseases, or any other disorder of the bones, spine or muscle like rheumatism, arthritis, gout, etc.; Yes ☐ No ☑

f) Any Cancer or Cancerous growth, tumours, chemotherapy or radiotherapy of any kind; Yes ☐ No ☑

g) Anxiety, depression or other Mental or Psychiatric condition, any Genetic Disease or chronic headache, multiple sclerosis, any disease related to central nervous system (disease related to brain, spinal cord) or any autoimmune disorder; Yes ☐ No ☑

h) HIV / AIDS or AIDS related complications. Yes ☐ No ☑

i) Do you have any habits e.g. smoking/ tobacco chewing, alcohol, narcotics etc. or were you advised to abstain from the same due to medical reasons ?(if yes, please fill up below details) Yes ☐ No ☑

If yes Consumed as, Cigar | Cigarette | Beedi | Gutka Frequency / Day, Nil | 0-5 units | 6-10 units | >10 units Duration (in Years):

Alcohol: Yes ☐ No ☐ **Quantity** Beer (Bottles) | Wine (Glasses) | Hard Liquor (Pegs) **Frequency:** Nil | Occasional | 1-2 | 3-7 | Above 7 Narcotics: ☐ Yes ☑ No

j) Have you ever undergone or have been advised to undergo any major surgical procedure or medical treatment for any conditions/illness/disorder not listed above or any complaints or symptoms for which a physician has not been consulted? Yes ☐ No ☑

k) In the last five years, have you been continuously hospitalized for more than 7 days (other than fractures) or undergone any investigations (including basic radiological and blood tests) other than normal Health Check-ups and Insurance Medicals, or have had adverse result for any blood tests, X-Rays, ECG, Stress Test, Biopsies, CT Scan, MRI, Ultra-sonography or 2D / 3D Echo etc. Yes ☐ No ☑

3) Does any member of your immediate family e.g. parents, brothers, sisters, suffered from high blood pressure, diabetes, heart disease, stroke, cancer, kidney failure, or any other chronic or hereditary conditions before the age of 60 yrs. Yes ☐ No ☑

4) a. Do you have existing/proposed insurance cover from Bajaj Life Insurance or other life insurance companies? Yes ☐ No ☑

b. Did any of your proposal and / or policy for life, health, accident or critical illness or any other riders, including simultaneous / renewals / revivals therefore, declined, deferred, withdrawn or accepted at extra premium or reduced cover or offered any special terms by any insurance company. Yes ☐ No ☑

c. Have you ever received or do you now receive any benefits under health/disability/critical insurance cover? Yes ☐ No ☑

5) Do you engage or intend to engage in any business, sport or occupation or any hobby of a hazardous nature (e.g. occupation - chemical factory, mines, explosives; aviation other than fare paying passengers, diving, mountaineering, any form of motor racing, etc.) Yes ☐ No ☑

6 ) For females lives only:

a) Are you pregnant? If "Yes", please state the expected date of delivery: _____ Yes ☐ No ☐

b) Have you ever had any disorder of female organs or any abnormality of complications during pregnancy like eclampsia, gestational diabetes, recurrent miscarriage, etc?. If Yes Give details. Yes ☐ No ☐

***Please provide complete details if any of the above question is answered in affirmation:*** NA

## Declaration (Please do not sign on blank proposal form)

I here by declare that the information provided iin the above questionnaire is true to the best of my knowledge. I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance (s) and that failure to disclose any material fact know to me may invalidate my insurance (s).

"I/We am/are aware that the policy shall be governed by the Terms & Conditions of the policy issued by BAJAJ ALLIANZ LIFE INSURANCE CO. LTD. Pursuant to the proposal for insurance made by us. I/We have independently verified the information before making my/our decision.

I/We am/are aware that the GCPP policy taken by me/us, is issued and underwritten by BAJAJ ALLIANZ LIFE INSURANCE CO. LTD., and that all claims will be settled BAJAJ ALLIANZ LIFE INSURANCE CO. LTD., as per the terms and conditions of the policy.

I/We hereby confirm that I/We have agreed to subscribe to the policy purely on a voluntary basis after taking my/our independent professional advise and that _____ shall not be liable for any liability for loss or damage of whatsoever nature, which may be attributable to payment of claims under the policy of Insurance."

The above declaration and other details are true to best of my knowledge. I have been explained the rules of the scheme and have understood them.

Date: 25/02/19 Signature of Primary member: _____ Place CHENNAI

Witness signature _____ Place CHENNAI Date: 25/02/19

## Vernacular Declaration / Specimen Signature (Please do not sign on blank proposal form)

If the signature herein is in vernacular then the proposed insured/proposer should declare below in his/her own handwriting ( in the same language in which the Application is signed) that the replies were after and properly understanding the question and declarations mentioned above. The contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract

Signature or Thumb Impression of Life Assured Date 25/02/2019

Signature of the witness Name & Address of the witness KUMAR THAMBARAM Date 25/02/19

I hereby declare that the contents of the Application form including the declarations have been explained to the proposer and replies have been recorded as per the information provided by the Counter Member and all the answers have been read out and fully understood by and confirmed by the Counter Member

Signature of person filling up the Application form Name & Address of person filling up the Application form ARUN THAMBARAM Master Policy Holder Signature and Seal

Date 25/02/19 Date 25/02/19

I have understood the content of the proposal form as explained to me in _____ language by the person, Mr./Ms _____, filling in the proposal form and after the same, I am affixing my signature/thumb–impression.

Vernacular Declaration in Regional Language _____ Signature/thumb impression of the Life Assured _____

## Declaration for Settlement of Claim Amount in Favour of Master Policy Holder who is a Regulated Entity

In the event of any Loan cancellation and/or eventuality giving rise to a claim under the group insurance scheme, the claim proceeds should be utilized to liquidate the outstanding loan availed by me. I authorize MPH to receive the outstanding loan amount of the claim proceeds, from Bajaj Allianz Life Insurance Company Limited, which is authorized to make payment directly to and in the name of the MPH to the extent of outstanding loan amount left, if any, may be paid by BALIC to me or my nominee/beneficiary, as the case may be. Bajaj Allianz Life Insurance Company Limited shall be discharged to the extent of amount paid to the MPH towards outstanding loan amount. It shall be solely my responsibility to bring to the notice of BALIC, in the event I intend to make a change in my declaration as made herein above. This declaration is applicable when the MPH is a regulated entity or as specified by IRDAI from time to time.

Signature of the Life Assured MPH Seal

12/2017

GCPP Level - Calculator_v4.0

28-Jan-2019

## Input Details

| | |
|---|---|
| Sum Assured (Rs.) : **71,30,117** | DoB (DD/MM/YYYY) : **07/06/1979** |
| ACI : **Yes** | Term : **10** |

## Results

| | |
|---|---|
| Age : **39** | GST : **84,356** |
| Basic Premium : **4,68,644** | Premium with GST : **5,53,000** |

LIFE GOALS. **DONE.**

BAJAJ | Allianz

## Bajaj Allianz Life insurance Co. Ltd.

# Moral Hazard Report

### Member Name

First THAVAMONY CJ

Middle

Last

### Proposer Name (if different from policy holder)

First

Middle

Last

**Date of Birth** 07061979

**Sex** [✓] Male [ ] Female

**Date of Birth** D D M M Y Y Y Y

**Sex** [ ] Male [ ] Female

### Member Address

Door No. 27 INDIRA ENCLAVE

Building Name 52 NARASIMHAN STREET

Plot No./ street Name NELSON MONICKAM ROAD

Landmark/ Area CHENNAI

### Proposer Address

Door No.

Building Name

Plot No./ street Name

Landmark/ Area

**Sum Assured** 7130117

### Please answer each question and where appropriate provide particulars

**State all the sources utilized to gather information about the poposer**

Physically met [ ] Telephonic Conversation [✓] Met by Field Agent [ ] Database Information [ ] Others [ ]

**Are you aware of any adverse health condition of Proposed member?**

Yes [ ] No [✓] If Yes [ ]

**What is the general state of health of the proposed?**

Good [✓] Not Good [ ] If Not Good [ ]

**I, solemnly affirm that I have seen the proposed insured and/the applicant. I have verified the proof of identity and certify that the particular are the same as mentioned in the proposal form.**

Name P. MADESH

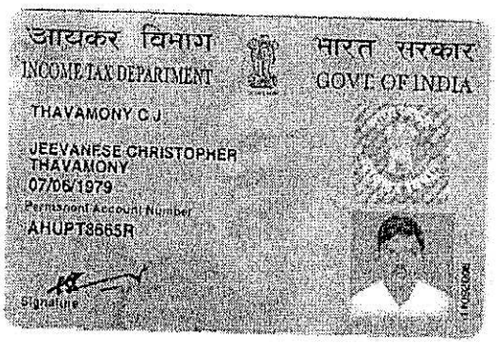
Designation RM

Place CHENNAI

Address PAMBARAM

Date 25022019

Signature P. Madesh


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
THAVAMONY C J
JEEVANESE CHRISTOPHER THAVAMONY
07/06/1979
Permanent Account Number
AHUPT8665R
Signature

OSV
961012
SIVA SHANKAR
(ASM)

OSV
961012
SIVA SHANKAR
(ASM)

LIFE GOALS. **DONE.**

BAJAJ Allianz

Bajaj Allianz Life Insurance Co. Ltd., Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006.

## Declaration for Settlement of Premium refund/Claim Amount in favor of Master Policy Holder who is a Regulated Entity

In the event of any refund of insurance premium on account of my cover being cancelled either by way of "Free look" cancellation or "Cancellation from inception" and/or in the event of any eventuality giving rise to claim under the group insurance scheme, I hereby authorise Bajaj Allianz Life Insurance Company Limited (the "Company") to refund the insurance premium or settle the group insurance claim amount (to the extent of my extent of the loan outstanding), to the Master Policyholder from whom I had availed the loan. The Company shall stand discharged to the extent of the premium amount refunded or claim amount paid to the Master Policyholder. Any balance claim amount is to be paid by the Company to my nominee or legal heirs, as applicable.

Signature

BAJAJ HOUSING FINANCE LTD CHENNAI

Name: THAVAMONY C.J

Date: 25 02 2019

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