

Travel Insurance - Proposal Form for Individual / Asia / Multi Trip / Family

(All fields are mandatory and fill in CAPITALS only)

CUSTOMER INFORMATION

Name of Proposer (First Name) (Middle Name) (Last Name)

Date of Birth

Corr. Add. : Building Name / Block No.

Street Name

City Pincode State

Tel. STD Code Fax STD Code Mobile

Email

Overseas Contact No. STD Code Passport No.

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Bank Account No. Bank Name _____

Branch Name & Address _____

FAMILY PHYSICIAN DETAILS

Name of Physician Dr. (First Name) (Middle Name) (Last Name)

Corr. Add. : Building Name / Block No.

Street Name

City Pincode State

Tel. STD Code Fax STD Code Mobile

RISK INFORMATION

Geographic Coverage Excluding USA/Canada Including USA/Canada Asia Excluding Japan

Specify Countries of visit

Departure Date Return Date

Purpose of Visit Business Holiday Study

COVERAGE INFORMATION

Choose your Insurance Plan

Single Trip Sum Insured	Bronze <input type="checkbox"/> (\$ 30,000)	Silver <input type="checkbox"/> (\$ 50,000)	Gold <input type="checkbox"/> (\$ 100,000)	Platinum <input type="checkbox"/> (\$ 200,000)
Single Trip Asia (Asia Excluding Japan) Sum Insured	Bronze <input type="checkbox"/> (\$ 15,000)	Silver <input type="checkbox"/> (\$ 30,000)		
Annual Multi (Worldwide) Sum Insured	Gold <input type="checkbox"/> (\$ 250,000)	<input type="text"/> <input type="text"/> No. of Trips	<input type="text"/> <input type="text"/> No. of Travel Days	<input type="text"/> <input type="text"/> Max. Duration per trip
Family Floater Sum Insured	Silver <input type="checkbox"/> (\$ 50,000)	(Excluding USA/Canada) (Self + Spouse + Child 1 + Child 2)		

