



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*: Pin Code*: State*:

Tel.*: Fax: Mobile*:

Email*:

Overseas Contact No: PAN: Passport No:

PREMIUM DETAILS

Amount Rs.* Rupees* _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder:

Bank Account No: Account: Savings Current

Name of Bank: Branch:

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) IFSC Code (11 character code appearing on your cheque leaf)

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*
*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

FAMILY PHYSICIAN DETAILS

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

Corr. Add : Building Name / Block No.*

Street Name*:

City*: Pin Code*: State*:

Tel.*: Fax: 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)	Titanium <input type="checkbox"/> (\$ 500,000)
Single Trip Asia (Asia Excluding Japan) Sum Insured	Bronze <input type="checkbox"/> (\$ 15,000)	Silver <input type="checkbox"/> (\$ 30,000)			
Annual Multi Trip (Worldwide) Sum Insured	Gold <input type="checkbox"/> (\$ 250,000)	Platinum <input type="checkbox"/> (\$ 500,000)	<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)	Gold <input type="checkbox"/> (\$ 100,000)	Self + Spouse <input type="checkbox"/> Self + Spouse + 1 Child <input type="checkbox"/>	Self + Spouse + 2 Children <input type="checkbox"/>	

