

## 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\*

STD Code STD Code

Email \*

Overseas Contact No.           Passport No.

STD Code

### 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             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 IRDA, its mandatory that all payments made to the insured only through electronic mode.

### FAMILY PHYSICIAN DETAILS

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

Corr. Add : Building Name / Block No.\*

Street Name\*

City\*  Pin Code\*  State\*

Tel.\*     Fax     Mobile\*

STD Code STD Code

### 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

<b>Single Trip</b>	Bronze <input type="checkbox"/> Sum Insured (\$ 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)
<b>Single Trip Asia (Asia Excluding Japan)</b>	Bronze <input type="checkbox"/> Sum Insured (\$ 15,000)	Silver <input type="checkbox"/> (\$ 30,000)			
<b>Annual Multi Trip (Worldwide)</b>	Gold <input type="checkbox"/> Sum Insured (\$ 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
<b>Family Floater</b>	Silver <input type="checkbox"/> Sum Insured (\$ 50,000)	(Excluding USA/Canada)	Self + Spouse <input type="checkbox"/> Self + Spouse + 1 Child <input type="checkbox"/>	Self + Spouse + 2 Children <input type="checkbox"/>	

**DETAILS OF PERSON TO BE INSURED**

Name	Relationship with Proposer	Sex	Date of Birth	Passport No.	Name of Beneficiary	Relationship to Insured

**MEDICAL HISTORY**

Have you received any Treatment / Advice / Consultation for any Medical Condition in the last 5 years : Yes  No  If Yes, please fill in the details

Name	Treatment	Institution	Doctor's Name & Contact Nos.

Are you presently taking any medication : Yes  No

Name	Medication

**PAYMENT DETAILS**

Cheque No.

Amount

Dated

Bank Name

**BENEFICIARY DETAILS**

Name of Beneficiary

Relationship to Insured

**PROPOSER DECLARATION**

I hereby declare that the Insured Person(s) listed above –

- Is/ Are not traveling against the advise of a physician
- Is/ Are not on the waiting list for any medical treatment
- Is/ Are not traveling for the purpose of medical treatment
- Have not received a terminal prognosis for a medical condition before this day
- I/We have read the Policy Terms and Condition and have accepted the same
- I/We accept that this policy does not cover treatment for Pre Existing Medical Conditions/Diseases/Ailments that are declared or undeclared
- I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/we have fully understood the significance of the proposed contract.
- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable
- I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/we declare and further consent to the company, seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS

Insurance Act 1938, Section 41-Prohibition of Rebates: 1. No. person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer. 2. Any person making default in complying with the provisions of this section shall be punishable with a fine, which may extend to Rupees five hundred.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

**Fraud Warning:** This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

**Mode of Payment : Cheque & Demand Draft. Payment by cash will not be accepted.** This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits.

**Note:** The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

Place

Date

Signature of Proposer

FOR OFFICE USE ONLY (HDFC ERGO)

Channel Partner Code

Branch Location

Signature of Channel Partner