

Group Travel Insurance - Proposal Form

(All fields are mandatory and fill in CAPITALS only)

SECTION I

Name of Corporate

Key Contact Person Designation

Mailing Address

City Pincode State

Tel. Fax Mobile

STD Code STD Code

Email

Sister Organization if any (Details)

Name of Organization

Mailing Address

Contact Person Tel.

STD Code

Duration of Policy : Annual / Short Period. Please specify months:

Date of Commencement:

SECTION II

Details of Employees to be covered

Categories	Number of Persons	Estimated Total No. of Trips	Average Duration per Trip	Maximum Duration per Single Trip	Estimated No. of Travel Days per annum
I					
II					
III					
IV					
V					

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

Countries Generally Visited:

Kindly acknowledge the enclosed Annexure, which provides details of benefits for every category

Quotation Number & date:

Claims Experience for minimum period of 3 years:

Month/Year	Insurer	Premium Paid	Causes of Loss	Incurred Claims (Claim Received + Outstanding)
I				
II				
III				

The Details of Sum Insured provided in the attachment format.

Has any insurance company:

- Declined to issue/continue a policy to you? Yes /No
- Imposed any restrictions or special conditions? Yes /No

SECTION III

- I accept the Terms and Conditions of the insurance policy.
- I authorise the Company to obtain any records or references, be they medical or otherwise, in consideration of this insurance or any potential claims in the future.
- I certify that all the information provided in this proposal and any attachments is true and correct. I understand that all information provided in this proposal and any attachments are material to the Company's decision to provide this insurance, and that insurance will be provided, at the Company's sole discretion, in reliance upon the truth of such information.

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: 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.

ANTI-REBATING WARNING: As Per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited as follows: 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 policy 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 except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to five hundred (500) Rupees.

Name : _____ Signature : _____

Designation : _____ Date : _____

Company Stamp

WEBSITE INFORMATION REQUIREMENTS

DOMAIN NAME:(Maximum 8 characters)	:	
User ID (Maximum 8 characters)		
	:	
User 1		
Login	:	
Email ID	:	
Location	:	
User 2		
Login	:	
Email ID	:	
Location	:	
User 3		
Login	:	
Email ID	:	
Location	:	
User 4		
Login	:	
Email ID	:	
Location	:	
User 4		
Login	:	
Email ID	:	
Location	:	