



## TRAVEL INSURANCE PROPOSAL FORM

1.	Name of the Proposer in full (in block letters)								
2.	Address for communication P.B. No. P.C. No. Location								
3.	Tel. No GSM Tele fax Email Id								
4.	Total number of Members to be covered		(In Figures) (In Words)						
5.	Period of Insurance required		From		To		/ Mid night		
6.	Family Doctor Details Name Regn. No. Address  Contact No.								
7.	Details of the Insured person/ (s) to be insured including proposer.								
S. No.	Name	Gender	Date of Birth	Relationship with the insured	Sum Insured	Full disclosures of any disease / illness suffered / or suffering from	Duration of such illness / disease	Nominee	Passport No.
8.	Date of Journey Date of Return								
9.	Are you visiting USA / Canada?								
10.	Does the planned trip involve any kind of winter and/or adventure sports?								
11.	Countries that you are visiting								





12.	Coverage required	<input type="checkbox"/> Personal Accident <input type="checkbox"/> Medical and Emergency Expenses <input type="checkbox"/> Hospital Benefits <input type="checkbox"/> Loss of checked baggage <input type="checkbox"/> Delay of checked baggage <input type="checkbox"/> Loss of passport <input type="checkbox"/> Personal liability <input type="checkbox"/> Travel Delay <input type="checkbox"/> Hijack
13.	If the proposer is a student,  ▪ Name of the University ▪ Address & Contact Nos.  ▪ Course Duration ▪ No. of semesters ▪ Tuition fees for the course ▪ Name of the sponsor ▪ Address & Contact Nos. of the sponsor	
14.	Previous year policy details ▪ Name of the insurer ▪ Policy Period	
15.	Has this insurance been ▪ Declined ▪ Cancelled by other insurance Company ▪ Any Special Conditions imposed	Yes / No Yes / No Yes / No
16.	Is the property now to be insured, insured with any other Insurance Company with same type of coverage?  If so, give details.	Yes / No

### **DECLARATION**

I/ We hereby applies for insurance as set out herein and declares that the statements made are true and agree that this proposal and declaration shall be the basis of the contract between the Company and myself/ ourselves.

It is agreed that the insurers are liable in accordance with the terms of the policy only and that the insured will not lodge other claims of whatever nature. The insurers undertake to deal this information in strict confidence.





It is hereby declared that the person(s) • Will not be traveling against the advice of a physician. • Are not on the waiting list for any medical treatment. • Are not traveling for the purpose of obtaining medical treatment. • Have not received a terminal prognosis for a medical condition before the journey.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Place:  
the Proposer  
Date:

Signature of

