

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 (D D M M Y Y Y Y)

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.

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 (D D M M Y Y Y Y) Return Date (D D M M Y Y Y Y)

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)		

FOR FAMILY FLOATER ONLY : ADDITIONAL INSURED FAMILY MEMBERS

Name	Relationship to Insured	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

Insured	Treatment	Institution	Doctor's Name & Contact Nos.
Self			
Spouse			
Child 1			
Child 2			

Are you presently taking any medication : Yes No

Insured	Medication
Self	
Spouse	
Child 1	
Child 2	

PAYMENT DETAILS

Cheque No	<input style="width: 100%;" type="text"/>	Dated	<input style="width: 100%;" type="text"/>
Amount	<input style="width: 100%;" type="text"/>	Bank Name	<input style="width: 100%;" type="text"/>

BENEFICIARY DETAILS

Name of Beneficiary <input style="width: 90%;" type="text"/>	Relationship to Insured <input style="width: 90%;" type="text"/>
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PROPOSER DECLARATION

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

- Is/ Are not travelling against the advise of a physician
- Is/ Are not on the waiting list for any medical treatment
- Is/ Are not travelling 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 authorize the insurance 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/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 statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. 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.

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.

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.

Place

Date

Signature of Proposer

FOR OFFICE USE ONLY (HDFC ERGO)

Channel Partner Code

Branch Location

Signature of Channel Partner