

Proposal Form for Reliance Travel Care Insurance Policy

Individual/Family/Senior Citizens/Asia/Students/Schengen

Intermediary Details

Intermediary Name Code
 Branch Name Code
 Sales Manager Name Code

Proposer Details

Proposer's Full Name Mr. Ms.
 Address for Communication
 Flat Building
 Road/Street/Sector
 Area
 Taluka/Village/District/City Pin Code
 State Country
 Phone Mobile
 Email

Insured Details

Name of the Insured	Date of Birth	Relationship with Proposer	Passport Number	Nominee Name	Relationship of Nominee with Insured	Professional/Semi-professional Sportsperson?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please fill in the following details, if any of the Insured Person(s) is suffering from pre-existing illness

Name of the Insured	Name of Pre-existing illness/condition/injury	Suffering Since (Duration)	Under Medication (Yes / No)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Physician Details

Name Dr.
 Address
 Flat Building
 Road/Street/Sector
 Area
 Taluka/Village/District/City Pin Code
 State Country
 Phone Fax

Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

Acknowledgment (on behalf of Reliance General Insurance Company Limited)

Proposer's Full Name Mr. Ms.
 Sum Insured
 Cheque/DD No. Cheque/DD Date Cheque/DD Amount
 Drawee Bank
 Intermediary Name Code
 Branch Name Code
 Sales Manager Name Code

Intermediary Signature _____

This acknowledgement is not an automatic acceptance of risk.

Plan/Trip Details (Please select the plan of your choice)

Plans	Basic	Standard	Silver	Gold	Platinum	Plans	Basic	Standard	Silver	Gold	Platinum
Individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Citizens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schengen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Do you wish to opt for the add-on benefits under the Student Plan? (Applicable for Standard, Silver, Gold & Platinum Plan variants) Yes No

If yes, do you also wish to opt for any of the following additional add-on benefits? (Applicable on a case to case basis & subject to underwriting approvals)

Chiropractic Treatment Physiotherapy Skilled nursing facility

Date of Journey [d | d | m | m | y | y | y | y] Date of Return [d | d | m | m | y | y | y | y]

Are you visiting USA / Canada? Yes No Does the planned trip involve any kind of winter and/or adventure sports? Yes No

Countries that you are visiting _____
Multiple countries to be separated with comma

Home Details (Please fill in the following details, if the plan opted contains home burglary insurance cover)

Address of home to be covered in India under home burglary insurance _____

Student Details (Please fill in the following details, if student plan has been opted)

Name of the University _____
 Address of the University _____

 Phone _____ Fax _____
 Course Duration (in months) _____ Tuition Fees for the course (per semester) _____ No. of semesters/trimesters _____
 Name of the sponsor in India F I R S T M I D D L E L A S T _____
 Address of the sponsor _____

 Phone _____ Fax _____

Payment Details

Cheque DD Cheque or DD Amount _____ /- Amount in words (_____)
 Bank Name _____
 Cheque/DD No. _____ Cheque/DD Date [d | d | m | m | y | y | y | y]

Declaration

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 travelling for the purpose of obtaining medical treatment ■ Have not received a terminal prognosis for a medical condition before the journey
 We declare and warrant that the above statements, answers and particulars are true and complete. We consent to the Company seeking medical information from any doctor who has at any time attended on me/we concerning anything which affects my/our physical or mental health and I/We authorise giving of such information to the Company/Assistance Company and/or their medical advisor.
 It is hereby agreed and understood that the above statements, answers and particulars are the basis on which this insurance is being granted and that if, after insurance is effected, it is found that the above statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under the Policy.

Place _____ Date _____ Signature of the Proposer _____

Prohibition of rebates - Section 41 of The Insurance Act 1938

- 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 or 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 published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

Registered & Corporate Office Address

Reliance General Insurance Co. Ltd.

Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

Corporate Office: 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

For any assistance call **1800 3002 8282** (toll free) | **3989 8282** (local charges apply)

