Travel Insurance - Proposal Form for Individual Overseas Travel Insurance



(Please fill in CAPITAL only)

D N.	
Proposal Form No.	

GUIDELINES FOR COMPLETION OF THE FORM

- Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, pleased is close it.

 The policy shall become void at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in
- the proposal form/personal statement, declaration and connected document or any material information been withheld by the Proposer or any one acting on his behalf.
- $Kindly \, contact \, the \, Company's \, Officers \, or \, Agents for \, any \, doubts \, or \, clarification \, on \, the \, proposal form.$

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The liability of the company does not commence until this Proposal has been accepted by the Company and premium received.

			(Sustomer Inform	iation				
Name of Proposer	: _ _ _	 (First Name)	_ _			_ _ _	. _ _ _		
Date of Birth	: D D / M		Y Y Y		•			(====	-,
Corr. Address	:		<u></u>	 	 	1 1			
StreetName	:	_			City :	 			_,,
Pincode	:	_	tate :		. , <u>, , , , , , , , , , , , , , , , , ,</u>	 		Country: I	 N D I A
Tel.	:		1 1	_ _ Fax	-''''- :	_''		, '- 	
	STDCode				STD Code		·—·—·—	''	
Mobile	: _ _ _	_ _ _ _	. _	_ Em	ail :				
Mother's Maiden Name	: _ _ _ . 	_ _ _ _	_ _	_ _ _ _ _ _	. _				
	Prop	erty Deta	ils (lf	Different from C	orrespond	ence A	Address)		
Property Address	:	_ _ _ _	_ _	_		<u>_</u> _	_ _ _ _	_ _ _ _	-
Street Name	: _ _ _ .	_ _ _ _	. _	_ _ _ _ (City: _	_ _ _	.	. _ _	_ _ _ _
Pincode	: _ _ _		itate :		_ _	_ _ _	_ (Country: <u>I</u>	<u> N D I A </u>
*Property details applica	ble only for Plati	num Plan							
				Risk Informati	on				
Period of Insurance Fro	om: <u>D D</u> / <u>M</u>	<u>m</u> / <u>Y</u> <u>Y</u>	<u> </u>		Perio	dofins	uranceto: <u>D</u> <u>D</u>	<u> </u>	<u> </u>
*Policy Start date shou			date					·	
Geographical Scope	Purpose of	Visit		Type of Trip			Plan	+	Sum Insured
Worldwide	Business	_	Single	.—.	Platinum	_	Gold _	USD500,0	
Excluding USA/	Holiday Study			Trip-30 days Trip-45 days	Silver	1 1	Bronze	USD 250,0	.—.
Canada	Sports		Famil		Silvei		DIOTIZE _	USD50,00	
	Adventurous Activity Child 1 + Child 2) *Applicable for age group 71-85 yrs. USD 15,000*								
	*Applicable only for								
\ =	B 11 4							BronzePla	
Visa Type	Resident of India Is the Customer Currently in India Premium inclusive of Service Tax (INR)				e Tax (INR)				
Immigrant Non-Immigrant	Yes _ No _	_ _		Yes No			_		
Type of Individual		Туре	of En	tity		•	Additional	Information	า
Salaried	Partnership Firm _ Company _ Annual Income (INR)								
Self-Employed	Others Do you own a Bank Accou				count Yes	No			
Professional	If others, please	e specify _	_ _ _	. _ _ _ _ _	_ _ _	Do yo	u file Income Tax	k Return Yes	_ No
Details of persons to be covered									
Name as	Date of	Passpor	t No.	Pre-existing	Past		Any Current	Nominee	Relationship
per Passport	Birth	•		ailments history	Hospitalis		Illness/injury	Name	to Insured
					Medic treatment				
					Lication	actans			
				Family Doctor's D	etails				
Doctor's Name :	_ _ _ _ _	_ _ _ _	_ _	_ _ _ _	_ _ _	_ Mob	ile : _	_ _ _	_ _ _

Payment Details					
Mode of Payment : Cash _ Cheque _ DD _ Cheque / DD No. : _ _ _ _ _ Bank Name : _ _ _ _ _ _ _ Amount : _ _ _ _ _ _ _ Date : _ D _ D / M M / Y Y Y Y Branch : _ _ _ _ _ _ _ _ _					
Any Additional Information relevant to the Policy applied for					
Note: Please use additional sheets if space is not sufficient to co	omplete the details.				
Pro	oposer's Declaration				
I/We have read and understood the terms and conditions or	fthe Policy and confirm to abide by the same.				
	ments and particulars are true, accurate and complete and I/We declare and all be held to be promissory and shall be the basis of the contract between me/				
I/We authorize the Company and their agents to exchange, share or part with all the information relating to my/our personal and financial details with the Government bodies / Regulatory Authorities / Statutory bodies or under court orders as may be required and I/We will not hold the Company and its agents liable for use of this information.					
details and with other ICICI Bank Group companies/ Banks/	share or part with all the information relating to my/our personal and financial / Financial Institutions/as may be required and I/we will not hold the Company their agents liable for use of this information. (Please tick "Yes" or "No" as				
misrepresentation, non-description or non-disclosure in a	e option of the Insurer, in the event of any untrue or incorrect statement, any material fact* in the proposal form/personal statement, declaration and en withheld by me/us or anyone acting on my/our behalf to obtain any benefit				
	d by the company is less than the premium as applicable to the sum proposed n insured under the Policy shall be reduced approximately in accordance with				
I/We hereby declare and undertake that the amount paid by declared source of income	y me/us as premium for the aforementioned policy is out of my/our lawful and				
* A material fact will mean and include all important, essential and relevant information pertaining to the questions raised above herein that is likely to influence the Company's acceptance or assessment of the proposal.					
Name of the Proposer	Date : <u>D D / м м / Y Y Y </u>				
Signature of Proposer	 Place : _ _ _ _ _ _ _ _ _				

STATUTORY WARNING

PROHIBITION OF REBATES (Under Sec 41 of Insurance Act,1938)

- 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 published prospectuses of tables of the Insurer.
- 2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.