



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

PROPOSAL FORM FOR TRAVEL PROTECTOR POLICY

| SPECIFIED TRIP COVER  |                       |        |                    |        |             |        |                                    |        |                                    |        |
|---|-----------------------|--------|--------------------|--------|-------------|--------|------------------------------------|--------|------------------------------------|--------|
|   | GOLD 500              |        | GOLD 250           |        | GOLD 100    |        | SILVER                             |        | BRONZE                             |        |
|   | worldwide             |        | World wide         |        | worldwide   |        | Excluding USA, Canada, Switzerland |        | Excluding USA, Canada, Switzerland |        |
|   | Sum Insured           | Excess | Sum Insured        | Excess | Sum Insured | Excess | Sum Insured                        | Excess | Sum Insured                        | Excess |
|   | US \$                 | US \$  | US \$              | US \$  | US \$       | US \$  | US \$                              | US \$  | US \$                              | US \$  |
| a) Medical expenses   | 500,000               | 100    | 250,000            | 100    | 100,000     | 100    | 250,000                            | 100    | 50,000                             | 100    |
| This Medical Expense would also include the following expenses. |                       |        |                    |        |             |        |                                    |        |                                    |        |
| i) Dental treatment   | 250                   | 100    | 250                | 100    | 250         | 100    | 250                                | 100    | 250                                | 100    |
| ii) Transport of Mortal remains or burial at local place        | 7000                  | 100    | 7000               | 100    | 7000        | 100    | 7000                               | 100    | 7000                               | 100    |
| b) Hospital Daily Allowance                                     | 30/day for 20 days    | 48 hrs | 30/day for 20 days | 48 hrs | N.A.        | -      | 30/day for 20 days                 | 48 hrs | N.A.                               |        |
| c) Total loss of Checked Baggage                                | 1000                  | -      | 1000               | -      | 1000        |        | 1000                               | -      | 500                                | -      |
| d) Delay of Checked Baggage                                     | 150                   | 12 hrs | 150                | 12 hrs | 150         | 12 hrs | 150                                | 12 hrs | 100                                | 12 hrs |
| e) Loss of Passport   | 200                   | -      | 200                | -      | 200         | -      | 200                                | -      | 200                                | -      |
| f) Hijacked distress Allowance                                  | 125 / day for 7 days. | 12hrs  | N.A.               |        | N.A.        |        | N.A.                               |        | N.A.                               |        |
| g) Financial Emergency Assistance                               | 250                   | -      | N.A.               |        | N.A.        |        | N.A.                               |        | N.A.                               |        |
| h) Personal Accident during travel                              | 25,000                |        | 25,000             | -      | 25,000      | -      | 25,000                             | -      | 15,000                             | -      |
| i) Personal liability   | 100,000               |        | 100,000            | -      | 100,000     | -      | 100,000                            | -      | N.A.                               |        |

Note: You have an option of opting Personal Accident or Personal Liability or both Personal Accident and Personal liability

| ANNUAL COVER        |                              |        |                                     |        |                         |  |                                     |        |             |        |
|---------------------|------------------------------|--------|-------------------------------------|--------|-------------------------|--|-------------------------------------|--------|-------------|--------|
| A                   | SUM INSURED OF US \$ 250,000 |        |                                     |        | B                       | SUM INSURED OF US \$ 500,000                   |                                     |        |             |        |
| GOLD                | Worldwide.                   |        |                                     |        | SILVER                  | Worldwide excluding USA, Canada & Switzerland. |                                     |        |             |        |
| 30                  | MAXIMUM DAYS PER TRIP.       |        |                                     |        | 45                      | MAXIMUM DAYS PER TRIP.                         |                                     |        |             |        |
|                     | GOLD A 30 & SILVER A 30      |        | GOLD A 45 & SILVER A 45 (Executive) |        | GOLD B 30 & SILVER B 30 |  | GOLD B 45 & SILVER B 45 (Executive) |        |             |        |
|                     | Sum Insured                  | Excess | Sum Insured                         | Excess | Sum Insured             | Excess   | Sum Insured                         | Excess | Sum Insured | Excess |
|                     | US \$                        | US \$  | US \$                               | US \$  | US \$                   | US \$  | US \$                               | US \$  | US \$       | US \$  |
| a) Medical expenses | 250,000                      | 100    | 250,000                             | 100    | 500,000                 | 100  | 500,000                             | 100    |             |        |

| This Medical Expenses would also include the following expenses. |         |        |                          |        |         |     |                          |        |
|--|---------|--------|--------------------------|--------|---------|-----|--------------------------|--------|
| Dental treatment   | 250     | 100    | 250                      | 100    | 250     | 100 | 250                      | 100    |
| a) Transport of Mortal remains or burial at local place          | 7000    | 100    | 7000                     | 100    | 7000    | 100 | 7000                     | 100    |
| b) Hospital Daily Allowance                                      | N.A.    |        | 30 / day for 20 days. ** | 48 hrs | N.A.    |     | 30 / day for 20 days. ** | 48 hrs |
| c) Total loss of Checked Baggage                                 | 1000    | -      | 1000                     | -      | 1000    | -   | 1000                     | -      |
| d) Delay of Checked Baggage                                      | 150     | 12 hrs | 150                      | -      | 150     | -   | 150                      | -      |
| e) Loss of Passport  | 200     | -      | 200                      | -      | 200     | -   | 200                      | -      |
| f) Hijacked distress Allowance                                   | N.A.    |        | 125 for 7 days. **       | 12 hrs | N.A.    |     | 125 for 7 days. **       | 12 hrs |
| g) Financial Emergency Assistance                                | N.A.    |        | 250 **                   |        | N.A.    |     | 250 **                   |        |
| h) Personal Accident during travel                               | 25000   | -      | 25000                    | -      | 25000   | -   | 25000                    | -      |
| i) Personal liability  | 100,000 | -      | 100,000                  | -      | 100,000 | -   | 100,000                  | -      |

Gold A45, B45, Silver A45, B45 are "Executive covers" but if it is given without benefits marked in asterisk, then these are "Classic covers".

| SPECIFIED TRIP POLICY PREMIUM SCHEDULE (IN RUPEES) |         |             |   |             |          |          |          |
|--|---------|-------------|---|-------------|----------|----------|----------|
| Duration of trip up to                             | Age     | Bronze Plan | Bronze Plan (Without Personal Accident) | Silver Plan | Gold-100 | Gold-250 | Gold-500 |
| 10 days  | 1 - 40  | 450         | 410                                     | 605         | 805      | 970      | 1,190    |
|  | 41 - 60 | 495         | 455                                     | 680         | 960      | 1,190    | 1,535    |
|  | 61 - 70 | 985         | 910                                     | 1,310       | 1,870    | 2,330    | 3,020    |
| 17 days  | 1 - 40  | 520         | 480                                     | 685         | 900      | 1,060    | 1,235    |
|  | 41 - 60 | 585         | 545                                     | 785         | 1,215    | 1,469    | 1,789    |
|  | 61 - 70 | 1,165       | 1090                                    | 1,520       | 2,150    | 2,620    | 3,220    |
| 31 days  | 1 - 40  | 755         | 680                                     | 1,020       | 1,255    | 1,495    | 1,700    |
|  | 41 - 60 | 855         | 780                                     | 1,230       | 1,664    | 2,037    | 2,543    |
|  | 61 - 70 | 1,710       | 1560                                    | 2,360       | 3,000    | 3,780    | 4,560    |
| 45 days  | 1 - 40  | 1,015       | 900                                     | 1,235       | 1,600    | 1,868    | 2,140    |
|  | 41 - 60 | 1,155       | 1040                                    | 1,495       | 2,117    | 2,540    | 3,075    |
|  | 61 - 70 | 2,305       | 2080                                    | 2,840       | 3,870    | 4,930    | 6,000    |
| 62 days  | 1 - 40  | 1,270       | 1120                                    | 1,525       | 2,344    | 2,830    | 3,400    |
|  | 41 - 60 | 1,455       | 1305                                    | 1,850       | 3,434    | 4,130    | 5,141    |
|  | 61 - 70 | 2,910       | 2610                                    | 3,500       | 5,576    | 7,110    | 9,220    |
| 93 days  | 1 - 40  | 1,940       | 1750                                    | 2,255       | 3,900    | 4,583    | 5,495    |
|  | 41 - 60 | 2,235       | 2045                                    | 2,755       | 5,600    | 6,739    | 8,393    |
|  | 61 - 70 | 4,465       | 4090                                    | 5,210       | 9,293    | 11,420   | 15,060   |
| 125 days   | 1 - 40  | 2,757       | 2532                                    | 3,362       | 5,253    | 6,262    | 7,756    |
|  | 41 - 60 | 3,207       | 2982                                    | 3,983       | 7,262    | 8,874    | 11,136   |
|  | 61 - 70 | 5,420       | 4970                                    | 7,010       | 11,730   | 14,820   | 19,360   |

Please Note: Service Charges 5% extra.

| DISCOUNT FOR OPTING OUT OF |                    |
|----------------------------|--------------------|
| PERSONAL ACCIDENT          | PERSONAL LIABILITY |

| Duration of trip up to | 1-40 yrs | 41-60 yrs | 61-70 yrs | 1-40 yrs | 41-60 yrs | 61-70 yrs |
|------------------------|----------|-----------|-----------|----------|-----------|-----------|
| 10 days                | 45       | 45        | 90        | 45       | 45        | 45        |
| 17 days                | 45       | 45        | 90        | 45       | 45        | 45        |
| 31 days                | 90       | 90        | 180       | 90       | 90        | 90        |
| 45 days                | 145      | 145       | 290       | 135      | 135       | 135       |
| 62 days                | 190      | 190       | 380       | 180      | 180       | 180       |
| 93 days                | 245      | 245       | 490       | 275      | 275       | 275       |
| 125 days               | 275      | 275       | 550       | 325      | 325       | 325       |

| PERSONAL ACCIDENT AND PERSONAL LIABILITY |          |           |           |
|--|----------|-----------|-----------|
| Duration of trip up to                   | 1-40 yrs | 41-60 yrs | 61-70 yrs |
| 10 days                                  | 90       | 90        | 135       |
| 17 days                                  | 90       | 90        | 135       |
| 31 days                                  | 180      | 180       | 270       |
| 45 days                                  | 280      | 280       | 425       |
| 62 days                                  | 370      | 370       | 560       |
| 93 days                                  | 520      | 520       | 765       |
| 125 days                                 | 600      | 600       | 875       |

Please Note: These discounts are valid only for Gold & Silver Covers.

| ANNUAL CORPORATE PLAN PREMIUM SCHEDULE (IN RUPEES) |              |              |              |           |              |           |
|--|--------------|--------------|--------------|-----------|--------------|-----------|
| A) Gold (Worldwide)                                |              |              |              |           |              |           |
| Age/Plan   | Gold – A30   | Gold – B30   | Gold – A45   |           | Gold – B45   |           |
|  |              |              | Classic      | Executive | Classic      | Executive |
| 5 - 60   | 3350         | 4350         | 4450         | 5350      | 5700         | 6850      |
| 61-70  | 7200         | 9350         | 9400         | 11300     | 12300        | 14750     |
| B) Silver (Without U.S.A., Canada & Switzerland)   |              |              |              |           |              |           |
| Age/Plan   | Silver – A30 | Silver – B30 | Silver – A45 |           | Silver – B45 |           |
|  |              |              | Classic      | Executive | Classic      | Executive |
| 5 - 60   | 2200         | 2850         | 2650         | 3450      | 3450         | 4500      |
| 61-70  | 4500         | 5850         | 5450         | 7150      | 7100         | 9300      |

Discounts and Loadings:

(Please note: Discounts are mutually excluding. Discounts and Loadings have to be added up)

- Family Discount:** If both parents buy a policy for a trip together, the discount for each child up to 16 years amounts to 50% of the normal premium
- Group Discount:** 10-20 persons 10% ; 21-50 persons 15% ; 51 and above 20 %
- Premium Loading:** 100 % for professional semi-professional sportsmen
- Premium Loading:** 200 % for dangerous kinds of sports such as parachuting, hand gliding, circus activities, polo, racing of any kind, shipping, mountaineering necessitating use of ropes/guides, diving.

(Please fill up the form carefully as any wrong answer or non-disclosure may prejudice your claim)

| DETAILS OF THE INSURED |           |  |        |
|------------------------|-----------|--|--------|
| Name of the Proposer   |           |  |        |
| Occupation             |           |  |        |
| Residential Address    |           |  |        |
| Office Address         |           |  |        |
| Contact Number         | Residence |  | Office |

|   |  |  |        |  |
|---|--|--|--------|--|
|   | Fax No.  |  | E-Mail |  |
| If travelling in a group/<br>family, state the number of<br>people in the group | Below 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 50 & above <input type="checkbox"/><br>(Please tick the relevant option) |  |        |  |

| DETAILS OF INSURED MEMBERS   |                                |               |              |  |  |
|--|--------------------------------|---------------|--------------|--|--|
| Name of the Insured Person(s) whether belonging to a family or group | Relationship with the Proposer | Date of Birth | Passport No. | Is he/she a professional sports person?<br>(Please tick the relevant option)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Is he/she going to participate in any dangerous sports?<br>(Please tick the relevant option)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  |                                |               |              | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|  |                                |               |              | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|  |                                |               |              | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|  |                                |               |              | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|  |                                |               |              | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |

(If the above space is not enough, then please use extra sheets to answer in the same format)

(The below portion of the form has to be completed separately with respect to each Insured Person )

Name of the Individual:.....

| TRAVEL DETAILS    |   |   |  |
|-------------------|---|---|--|
| 1. Plan Opted for | Specific Trip   | Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold-100 <input type="checkbox"/> Gold-250 <input type="checkbox"/> Gold-500 <input type="checkbox"/> (Please tick the relevant option) |  |
|                   |   | Do you wish to opt out of coverage<br>a) Personal Accident <input type="checkbox"/> c) Both of them <input type="checkbox"/><br>b) Personal Liability <input type="checkbox"/>                          |  |
|                   | Overseas Destinations                                     |   | Maximum Number of Days of Stay   |
|                   | Annual Cover  | Which plan do you want to opt for?  | Plan A (US \$ 250,000) <input type="checkbox"/><br>Plan B (US\$ 500,000) <input type="checkbox"/><br>(Please tick the relevant option) |
|                   | What is the maximum duration of each trip?                | 30 days <input type="checkbox"/> 45 days <input type="checkbox"/><br>(Please tick the relevant option)  |  |
|                   | If 45 days are opted for, then mark the Scope of Coverage | Classic <input type="checkbox"/> Executive <input type="checkbox"/><br>(Please tick the relevant option)  |  |
|                   | Countries to be Visited                                   | Worldwide <input type="checkbox"/><br><br>Worldwide (Without U.S.A., Canada and Switzerland) <input type="checkbox"/><br>(Please tick the relevant option)  |  |

|   |  |     |        |
|---|--|-----|--------|
| <b>2. Purpose of Visit</b>                      | Business <input type="checkbox"/> Leisure <input type="checkbox"/> (Please tick the relevant option) |     |        |
| <b>3. Proposed Date of Departure from India</b> | (i.e. the first date of Insurance)   |     |        |
| <b>4. Period of Insurance (dd /mm /yy)</b>      | From   | / / | To / / |

### MEDICAL DETAILS

Please give details of any positive existence of any ailment, sickness or injury which you are suffering from

#### I hereby declare that

1. I will not be travelling against the advice of a physician
2. I am not on the waiting list for any medical treatment
3. I will not be travelling for the purpose of obtaining medical treatment
4. I have not received a terminal prognosis for a medical condition before this day
5. I am in good health and free from physical and mental disease or infirmity

### ATTACHMENTS TO BE ACCOMPANIED WITH THE FORM

**If the proposer is travelling to any country and is above 60 years**

**Then the Proposal Form should be accompanied with the following:**

- ECG Printout with report (ECG to be carried out by cardiologists)
- Fasting and blood sugar and urine sugar or urine strip test report etc
- A Doctor's Certificate in the format given below-to be completed and signed by a Doctor with minimum M.D. qualifications conducting the test.

**Note:** In the absence of such medical tests and reports due to a shortage of time before travel, cover may still be granted subject to a satisfactory Proposal Form but the sum insured under the policy, in respect of expenses incurred for the treatment of illness of disease shall be restricted to US \$ 10,000 only. In case of accident, however, the full sum insured would be available.

### DOCTOR'S CERTIFICATE—TO BE COMPLETED BY THE DOCTOR

|   |  |
|---|--|
| <b>History</b>  |  |
| 1. Any past history of disease, operation, accidents, investigation etc.  |  |
| 2. General Examination  |  |
| 3. Systematic Examination   |  |
| <b>Electrocardiography</b>  |  |
| 4. Does the attached electrocardiogram in your professional opinion show any abnormalities? If so, please describe  |  |
| 5. Does the abnormality represent a current illness or disease that may possibly require medical treatment during the proposer's forthcoming trip?  |  |
| 6. Does the proposer now or did he/she in the past, require medication for this abnormality?  |  |
| 7. Please describe any treatment taken by the proposer in the past or being taken at present  |  |
| <b>8. Does the urine strip test show any sugar?</b>   |  |
| <b>9. Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his/ her health/ medical condition?</b> |  |
| <b>Signature of the Doctor</b>  |  |
| <b>Name of the Doctor</b>   |  |
| <b>Qualification</b>  |  |



|                         |  |
|-------------------------|--|
| <b>Address</b>          |  |
| <b>Telephone Number</b> |  |

**ASSIGNMENT**

I ..... do hereby assign the money payable under the policy in the event of my death to .....relation to the Insured. I further declare that his/her receipt shall be sufficient discharge to the company.  
 I further declare and warrant that the above statements are true and complete. I consent to the Insurers seeking medical information from any doctor who has at any time attended concerning anything which affects my physical or mental health, and authorise the giving of such information to Mercur Assistance Deutschland GmbH and /or their programme medical advisors

**DECLARATION AND SIGNATURE**

I, the undersigned hereby declare that the above given particulars are true and correct and that no material fact has been withheld and that this declaration shall be the basis of the contract between me and the IFFCO-TOKIO General Insurance Company Ltd., whose policy, subject to the terms and conditions thereof, I am willing to accept and I undertake to pay the premium when called upon to do so.

|             |  |              |  |                  |  |
|-------------|--|--------------|--|------------------|--|
| <b>Date</b> |  | <b>Place</b> |  | <b>Signature</b> |  |
|-------------|--|--------------|--|------------------|--|

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**Paramount Health Services Pvt Ltd.**  
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