IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

PROPOSAL FORM FOR TRAVEL PROTECTOR POLICY

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/ family, state the number of people in the group	Below 10 □ 10-20 □ 21-50 □ 50 & above □ (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? (Please tick the relevant option)	Is he/she going to participate in any dangerous sports? (Please tick the relevant option)
				Yes□No □	Yes □ No □
				Yes□No □	Yes □ No □
				Yes□No □	Yes □ No □
				Yes□No □	Yes □ No □
				Yes□No □	Yes □ No □

(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 □ Silver □ Gold-100 □ Gold-250 □ Gold-500 □ (Please tick the relevant option) Do you wish to opt out of coverage a) Personal Accident □ c) Both of them □ b) Personal Liability □	
		Overseas Destinations	Maximum Number of Days of Stay

	Annual Cover	Which plan do you want to opt for?	**Plan A (US $ 250,000)** □ **Plan B (US$ 500,000)** □ (Please tick the relevant option)
		What is the maximum duration of each trip?	**30 days** □ **45 days** □ (Please tick the relevant option)
		If 45 days are opted for, then mark the Scope of Coverage	**Classic** □ **Executive** □ (Please tick the relevant option)
		Countries to be Visited	**Worldwide** □ **Worldwide (Without U.S.A., Canada)** □ (Please tick the relevant option)

2. Purpose of Visit	**Business** □ **Leisure** □ (Please tick the relevant option)		
3. Proposed Date of Departure from India	(i.e. the first date of Insurance)		
4. Period of Insurance (dd /mm /yy)	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

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 Paramount Healthcare Management Pvt. Ltd.

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.

Date		Place		Signature	