HDFC ERGO General Insurance Company Limited



TRAVEL SURAKSHA - PROPOSAL FORM for Individual / Asia / Multi Trip / Family

(Please fill in CAPITALS only)

*CUSTOMER INFORMATION								
Name of Proposer								
Date of Birth	M M	YYYY	(First Name)	(Mi	ddle Name)	(Last Nar	ne)	
Corr. Add. : Building Name	e / Block	No.						
Street Name								
City			Pincode		State			
Tel. STD Code		Fax	STD Code		Mobile			
Email			SID Code					
Overseas Contact No.								
ISD Code								
*FAMILY PHYSICIAN DETAILS								
Name of Physician Dr.			(First Name)	(Mi	ddle Name)	(Last Nar	me)	
Corr. Add. : Building Name	e / Block	No.		,	,		, 	
Street Name								
City			Pincode		State			
Tel.		Fax			Mobile			
STD Code STD Code								
			*F	RISK INFORMATION				
Geographic Coverage	□ E>	cluding USA/Canada	1	☐ Including USA/Ca	nada	☐ Asia Excludin	g Japan	
Specify Countries of visit								
Departure Date	D D	M M Y Y Y Y		Return Date	D D M M Y Y	YY		
Purpose of Visit	□ В	usiness		\square Holiday		☐ Study		
*COVERAGE INFOMATION								
			Cho	oose your Insurance Pla	า			
Single Trip	Bronze		Silver	Gold □		itinum 🗆	Titanium	
Sum Insured	(\$ 30,	,000)	(\$ 50,000) (\$ 100,000)		0) (\$:	(\$ 200,000) (\$ 500,000)		
Single Trip Asia (Asia Excluding Japan)	Bronz	onze Silver						
Sum Insured	(\$ 15,	(\$ 15,000)						
Annual Multi (Worldwide) Sum Insured	Gold		Platinum		ns No	No. of Travel Days Max. Duration per trip		
	(\$ 250,000)		(\$ 500,000)		p3 140	No. of Have Bays Max. Baladion per trip		
Family Floater Sum Insured	Silver \Box (Excluding USA/Canada) (Self + Spouse + Child 1 + Child 2) ($$50,000$)							
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 vou re	ceived any Treatment / Advice / Consultation for ar	y Medical Condition in the last 5 years : Yes	No 🗆						
	e fill in the details	,,							
•		I							
Insured	Treatment	Instituition	Doctor's Name & Contact Nos.						
Self									
Spouse Child 1									
Child 2									
Are you presently taking any medication : Yes U No U									
Insured		Medication							
Self									
Spouse									
Child 1									
Child 2									
*PAYMENT DETAILS									
Cheque No		Dated	1 Y Y Y Y						
Amount		Bank Name							
		*BENEFICIARY DETAILS							
Name of Be	neficiary	Relationship to Insured							
		PROPOSER DECLARATION							
 Is/ Are not travelling against the advise of a physician Is/ Are not travelling for the purpose of 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									
Place Date FOR OFFICE Channel Par	USE ONLY (HDFC ERGO)	Branch Location	Signature of Proposer viging and the solicitation. Form No. 161						
*Mandatory	· Information		Signature of Channel Partner						