



# THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

## DESTINATION INDIA (TRAVELLERS SHORT PERIOD POLICY)

### PROPOSAL FORM

#### IMPORTANT

PLEASE MAKE SURE YOU READ AND FULLY UNDERSTAND THIS DOCUMENT BEFORE YOU TRAVEL TO THE REPUBLIC OF INDIA.

FAILURE TO FOLLOW THE INSTRUCTION GIVEN COULD RESULT IN REJECTION OF ANY CLAIM THAT MIGHT BE MADE.

THE DESTINATION INDIA POLICY PROVIDES INDEMNITY FOR EXPENSES INCURRED MEDICAL TREATMENT FOR ILLNESS DISEASES CONTRACTED OR INJURY SUSTAINED DURING OVERSEAS TRAVEL TO INDIA AND WHICH IS PRIMARILY IN THE NATURE OF AN EMERGENCY AND WHICH IS NECESSARY TO BE UNDERTAKEN IMMEDIATELY WITHOUT WHICH THE PROPOSER IS NOT ABLE TO LEAVE COUNTRY OF ORIGIN UNDER MEDICAL ADVICE.

IN THE ABSENCE OF MEDICAL REPORTS AS SPECIFIED IN ITEM 11B SUM INSURED WILL STAND REDUCED TO AN EQUIVALENT AMOUNT OF IN RESPECT OF MEDICAL EXPENSES INCURRED THROUGH ILLNESS OR DISEASE ONLY.

THE ATTENTION OF THE PROPOSER IS DRAWN TO ITEM 11 ( MEDICAL HISTORY ) OF THE PROPOSAL FORM ESPECIALLY IN RELATION TO PREVIOUS TREATMENT FOR ILLNESS OR DISEASES SUCH AS RENAL DISORDERS OR DISEASES, CEREBRAL OR VASCULAR STROKES, HEART AILMENTS OF ANY KIND, MALIGNANCY, TUBERCULOSIS, ENCEPHALITIS, NEUROLOGICAL DISORDERS, GALL BLADDER DISORDERS, ARTHRITIS REQUIRING SURGERY AND IF ANY TREATMENT HAS BEEN RECEIVED FOR ANY OF THE ABOVE DISORDERS AT ANY TIME IN THE PAST SUCH TREATMENT MUST BE DISCLOSED TO THE ISSUING OFFICE.

NEITHER THE INSURER NOR CLAIM SETTLING AGENTS SHALL BE RESPONSIBLE FOR THE AVAILABILITY, QUALITY OR RESULTS OF ANY MEDICAL TREATMENT OR THE FAILURE OF THE INSURED TO OBTAIN MEDICAL TREATMENT.

THE PROPOSAL FORM SHOULD BE COMPLETED TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, AND ALL MATERIAL FACTS \* SHOULD BE DISCLOSED. FAILURE TO DO SO MAY NULLIFY COVER UNDER ANY POLICY ISSUED.

\* A material fact is one that is likely to influence the insurer's acceptance or assessment of the proposal. You should consult the Insurance Company's official if you are in any doubt as to what constitutes a material fact.

If the proposer is above 40 years or the question No.11 reveals that proposer had suffered any time in the past or is suffering from any disease/illness, then the proposal form should accompanied with ECG print out with report, fasting blood sugar, urine sugar or urine strip test report or any other medical report required by the Company alongwith questionnaire.

Question No.11(B) : To be completed by a specialist who is qualified in cardiology.

PROPOSAL FORM CUM QUESTIONNAIRE FOR DESTINATION INDIA COVER

1.	NAME OF THE PROPOSER (IN BLOCK LETTER ) (AS STATED IN THE PASSPORT)	MR./ MRS./ MASTER
2.	HOME ADDRESS/ TELEPHONE NO	
3.	PROPOSER'S ACTUAL OCCUPATION (SPECIFY) OFFICE NAME/ADDRESS  TELEPHONE NO. AGE (IN COMPLETED YEARS) DATE OF BIRTH	
4.	PASSPORT NO.	

5.	MEDICAL HISTORY	
6.	FAMILY PHYSICIAN	
	ARE YOU COVERED UNDER ANY MEDICAL INSURANCE PLAN ? IF SO GIVE DETAILS?	DAY MONTHS YEARS
7.	PROPOSED DATE OF DEPARTURE AND FROM PLACE FROM WHICH DEPARTURE IS CONTEMPLATED.	
8.	INSURANCE REQUIRED FOR (number of days)	
9	DATE ON WHICH YOU INTEND TO LAND IN INDIA.	
10.	<b>DESTINATION INDIA BENEFITS</b>	
	1. Personal Accident	INR 10,00,000
	2. Medical and repatriation	INR 5,00,000
	3. Personal Baggage	INR 25,000
	Single Article Limit	INR 5,000
	Valuables Limit	INR 5,000
	4. Delayed Baggage	INR 2,500
	5. Loss Of Passport	INR 2,500
	6. Personal Liability	INR 10,00,000
	7. Hijack Benefit	INR 1,000 (Per day upto 5 days)

## 11 TO BE COMPLETED BY THE PROPOSER

PLEASE ANSWER THE FOLLOWING QUESTION WITH 'YES' OR 'NO' (A DASH IS NOT SUFFICIENT) AND GIVE FULL DETAILS

1. Are you in good health and free from physical and mental disease or infirmity ?
2. Have you ever suffered from any illness or disease upto the date of making this proposal ?
3. Do you have any Physical defect or deformity ?
4. Have you ever been admitted to any hospital/nursing home/clinic for treatment or observation ?
5. Have you suffered from any illness/disease or had an accident in the 12 months preceding the first day of insurance?
6. If the answer is 'yes' to any of the foregoing questions please give details as under :-

Nature of illness /disease/injury & treatment received	Date on which first treatment taken	First treatment completed is continuing	Name of attending medical practitioner/ surgeon with his Address and Telephone No.

Please give details of any knowledge of any positive existence of any ailment, sickness or injury which may required medical attention whilst on tour abroad.

**I HEREBY DECLARE THAT**

- 1) I will not be traveling 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.

**ASSIGNMENT :**

I, \_\_\_\_\_ do hereby assign the monies payable under the policy in the event of my death to Mr. / Ms. \_\_\_\_\_ My, \_\_\_\_\_ (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 I authorise the giving of such information to The New India Assurance Co. Ltd. and/ or their programme medical advisors. I agree that this proposal shall for the basis of the contract should the insurance be affected.

I am willing to accept the policy, subject to the terms, exceptions and conditions prescribed by the insurance companies therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place -----

**B) TO BE COMPLETED BY THE DOCTOR**

- 1)
  - a) History
  - b) Any past history of disease, operation, accidents, investigation etc.
  - c) General Examination
  - d) Systematic Examination
- 2) **Electrocardiograph** ( To be completed by Specialist qualified in Cardiology and signed by M.D. (Cardiologist) only )
  - A) Does the attached Electrocardiogram in your professional opinion show any abnormalities and if so, please describe.
  - B) Does the abnormality represent a current illness or disease which may possibly be expected to require medical

treatment during proposer's forthcoming trip?

- C) Does the Proposer now or did he/she in the past, require medication for this abnormality ?
- D) Please describe any treatment taken by proposer in the past or being taken at present :

3) Does the Urine Strip Test show any sugar ?

4) Do you consider that Proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his health medical condition ?

Signature of the Doctor :  
Name of the Doctor :  
Qualifications:  
Address :

Telephone No:

Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.

2. If space is found insufficient, please attach separate sheets for details.

3. Insurance is the subject matter of solicitation.

4. Premium will be quoted on application.

**PROHIBITION OF REBATE -- 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 of risk relating to lives or property in India, any rebate of the whole 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 rebates 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 Five Hundred Rupees.

**FOR OFFICE USE -**

**MARKETING / DEVELOPMENT OFFICER'S REPORT**

The Proposer is known to me/my agent / Broker for \_\_\_ years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer / A/AO-D

ACCEPTED BY	DATE & TIME	RATE	REMARKS
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CODES - OFFICE /DEV. OFFICER / AGENT /BROKER-