

Reliance General Insurance

Anil Dhirubhai Ambani Group

1800 3002 8282 (toll free) 3989 8282 (local charges apply) www.reliancegeneral.co.in

## Proposal Form for Reliance Travel Care Insurance Policy

Individual/Family/Senior Citizens/Asia/Students/Schengen

Intermediary Details						
Intermediary Name					Code L	
Branch Name					Code L	
Sales Manager Name					Code L	
Proposer Details						
Proposer's Full Name	☐ Mr	. Ms.				
Address for Communicatio	n					
Flat Building						
Road/Street/Sector						
Area			1 1 1 1			
Taluka/Village/District/Cit	ty L		1 1 1 1		Pin Co	de
State			1 1 1 1		Countr	y
Phone			1 1 1 1		Mobile	
Email						
Insured Details						
Name of the	Date of	Relationship	Passport	Nominee	Relationship of	Professional/Semi-
Insured	Birth	with Proposer	Number	Name	Nominee with Insured	professional Sportsperson?
		1			1	
						1
			dition/injury			(Yes / No)
Family Physician Detai	ls					
Name	Dr.					
Address						
Flat Building	1 .					
Road/Street/Sector						
Area						
					Di- C-	4-1
Taluka/Village/District/Cit	ιy ∟ I				Pin Co	
State					Countr	y
Phone					Fax L	
Reliance General Insurance Co.	Ltd. Registe	ered Office 19, Re	eliance Centre, W	alchand Hirachand Ma 	arg, Ballard Estate, Mumbai	400 001 
Acknowledgment (on be	half of Relia	ance General Ins	surance Compa	ny Limited)		
Proposer's Full Name Mr.		1 1 1	1 1 1 1			
Sum Insured						
Cheque/DD No.			Cheque/DD Date	d d m m y	y y y y Cheque/DD A	mount
Drawee Bank						
Intermediary Name					Code	
Branch Name					Code Code	
Sales Manager Name						

Plan/Trip Details (Please select the plan of your choice)										
Plans Basic Stand	dard Silver Gold	Platinum	Plans	Basic Standard	Silver Gold	Platinum				
Individual 🔀			Asia			$\boxtimes$				
Family			Students							
Senior Citizens			Schengen							
Do you wish to opt for the add-on benefits under the Student Plan? (Applicable for Standard, Silver, Gold & Platinum Plan variants) 🗆 Yes 🔻 No										
If yes, do you also wish to opt for any of the following additional add-on benefits? (Applicable on a case to case basis & subject to underwriting approvals)										
Chiropractic Treatment		Skilled nursing fac	-		1					
Date of Journey										
Are you visiting USA / Canada	1	Does the planned t	•			' L Yes L No				
Countries that you are visiting						eparated with comma				
Home Details (Please fill in t	the following details, i	f the plan opted conta	ins home burglary	insurance cover)						
Address of home to be covered	d in India under home	burglary insurance								
			1 1 1 1							
Student Details (Please fill in	n the following details	, if student plan has b	een opted )							
Name of the University										
Address of the University										
Phone			Fax	1						
Course Duration (in months)	Tuition	Fees for the course (p	per semester)	No	. of semesters/tr	imesters				
Name of the sponsor in India	FIRST		MIDD	L, E, , , ,	L	N S T				
Address of the sponsor										
Phone			Fax							
Payment Details										
Payment Details	ie or DD Amount		- Amount in word	ls (		`				
	e of DD Amount	/	- Amount in word	15 (						
Bank Name					ld.dlm.m	N V . V . V . V				
Cheque/DD No.				⊥ Cneque/DD Date	e	у у у у				
Declaration										
It is hereby declared that the perso travelling for the purpose of obtaini We declare and warrant that the abdoctor who has at any time attende the Company/Assistance Company It is hereby agreed and understood is effected, it is found that the about	ing medical treatment • Is bove statements, answers led on me/we concerning and/or their medical advitatements.	Have not received a termi s and particulars are true of anything which affects r isor. ats, answers and particula	nal prognosis for a me and complete. We con ny/our physical or me rs are the basis on wh	edical condition before nsent to the Company ntal health and I/We ich this insurance is be	the journey seeking medical infauthorise giving of eing granted and the	formation from any such information to at if, after insurance				
Place	Di	ate	Signal	ture of the Proposer .						
			- 3.3110							
Prohibition of rebates - Section	on 41 of The Insuran	ce Act 1938								
1 No person shall allow or offer to allo	low either directly or indirect	ctly as an inducement to a	ov person to take out o	r renew or continue an	insurance in respect	of any kind or risk				

- 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 or 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 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 Rs. 500/-

## Registered & Corporate Office Address

Reliance General Insurance Co. Ltd.

Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001 Corporate Office: 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

