CIN No. U66010RJ2006PLC029979 IRDA Registration Number: 137



Shriram General insurance Co. Ltd.

IN PARTNERSHIP WITH THE Sanlam GROUP Regd. & Corpt. Office: E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur (Rajasthan) – 302022 Phone: +91-141-3928400, 3951111, Fax: +91-141-2770692, 2770693 Website: www.shriramgi.com, E-mail: customer.feedback@shriramgi.in Toll Free: 1800-103-3009, 1800-300-30000

## **Proposal From of Overseas Travel Insurance**

	INERMEI	DIARY DETAILS				
Branch Code	Employee Code	Intermediary	v Code			
Aadhaar No.						
PROPOSERS DETAIL						
Proposer's Full Name:						
Mailing Address:						
Pin Code: Pho	ne No:	Mobile:				
Email ID:						
Overseas Contact No.: Passport No						
FAMILY PHYSICIAN DETAILS						
Name of Physician Dr						
Registration No Year of Registration						
Correspondence Address Building Name Block No						
Street Name						
City	StatePin Code					
TelFax		Mobile				
RISK INFORMATION						
Geographic Coverage: Excluding USA/Canada Including USA/Canada						
Specify country of visit:	ecify country of visit:					
eparture Date: Return Date:						
Purpose of Visit Business Leisure Holiday Studies						
COVERAGE INFORMATION (please tick type of policy & plan)						
K						
Plan Type	Shri Travel	Shri Travel Plus	Shri Travel Elite			
Type of Policy	(US \$ 50, 000)	(US \$ 1,00, 000)	(US \$ 2,00, 000)			

Not Available

Only Asia

Individual Travel

Annual Multi Trip

Family Floater

Not Available

#### FOR FAMILY FLOATER ONLY

Member Name	Sex	Date of	Passport No.	Nominee Name	Relationship to
		Birth			Insured

# **MEDICAL HISTORY**

Have you received any Treatment/ Advice/ Consultation for any Medical Condition in the last 5 Years?

Insured	Treatment	Institution	Doctor's Name & Contact No	
Self				
Spouse				
Child 1				
Child 2				
you presently taking any r	nedication?	Yes N	o 🗌	
Insured		Medication		
Self				
Spouse				
Child 1				
Child 2				
		PAYMENT DETAILS		
que/DD/Pay Order/Cash _		Date Amo	ount (Rs.)	
ount in Words (Rupees				
· •			Bank Branch	
	NEFT Paym	ent Details (for Claim Disbu	irsement)	
ee Name:	E	ank A/c No.:	Bank A/c Type:	
			IFSC Code:	

I hereby declare that the Insured Person(s) listed above-

- Is/are not travelling against the advice of a physician.
- Is/ are not on the waiting list for any 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 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, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Place:

Date:

Signature of the Proposer:

Signature of proposer

### NOMINATION

I, \_\_\_\_\_\_\_\_hereby declare that, in the event of the death to an Insured Person any payment due under the policy shall become payable to the nominee declared here-in-below and his/her receipt of the proceeds would be sufficient discharge of the company

	Nominee Name	Relationship with Insured and Age	Address of the Nominee
(Note:		by the Proposer. The Nominee must be an imme posed to be insured shell be Proposer himself/he	
	2. Nonlinee for an other person proj	posed to be insured shell be i toposet initisen/ne	15011)
Date:		Name:	
Place			

Section 41 of Insurance Act 1938

### **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 published prospectuses or tables of the Insurer.
- 2. Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.