

Enrollment Form

ICICI Lombard Travel Assure - Group Overseas Travel Insurance

We would like to inform you that Bharti AXA General Insurance has merged with ICICI Lombard General Insurance w.e.f. Sept 8,2021. Enjoy our seamless services while exploring our enhanced offerings and diverse non-life insurance solutions

For Insured

Please note:

- Please answer all questions completely
- The insurance is not effective until the proposal is accepted and premium received

Intermediary Details			
Name		Code	
Branch		Code	
Manager's Name		Code	
Customer Information (To be filled in block capitals)			
Proposer's Name			
Address			
Fixed Line Contact No.			
Mobile No.			
Email ID			
Date of Birth			
Nationality Indian/Others In case of others , please specify			
Pan No:			
Whether suffering from any pre-existing condition/disease/injury? If so, the details			
Whether Insured and/or any of the family members is a professional or semi-professional sportsperson and/or is engaging any adventure sports during the trip? If yes, please provide the details			

Period of Insurance
From __: __ hrs _____ To __: __ hrs _____

Plan Opted
Plan Opted: Single Trip Plan <input type="checkbox"/> Annual Multi-trip Plan <input type="checkbox"/> Multiyear for credit Linked proposal Plan <input type="checkbox"/>
Geographical Limits:
Worldwide including USA Canada <input type="checkbox"/>
Excluding USA Canada <input type="checkbox"/>
Asia excluding Japan <input type="checkbox"/>
Schengen Countries <input type="checkbox"/>
Country Visiting: _____
Maximum Number of days per trip: _____
Plan Type: Individual <input type="checkbox"/> Family Floater <input type="checkbox"/>

Proposer Details
Details of Insured person(s)

Sl. No.	Name of the member	Gender	Date of Birth	Relationship with Primary Insured	Name of the Nominee	Nominee's Relationship with person to be insured
	Insured 1					
	Insured 2					
	Insured 3					
	Insured 4					

• Attach a separate sheet if the space is not sufficient to enter details of all the members.

Covers Opted and the Sum Insured (Please use separate sheet if opting for different covers for different employee cadre groups)			
Cover	Sum Insured	Deductible	Cover type
Emergency Medical Expenses			
Emergency Medical Evacuation			
Repatriation of Mortal Remains			
Daily Allowance in case of Hospitalization			
Dental Treatment Expenses			
Political Risk and Catastrophe Evacuation			
Personal Accident- Accidental Death			
Personal Accident -Permanent Total Disability (PTD)			
Personal Accident -Permanent Partial Disability (PPD)			
Accidental Death—Common Carrier			
Permanent Total Disability - Common carrier			
Permanent Partial Disability - Common carrier			
Compassionate Visit			
Loss of Passport and documents			
Total Loss of Checked-in Baggage			
Delay of Checked-in Baggage			
Trip Cancellation and/or Interruption			
Travel Inconvenience			
Trip Delay			
Personal Liability			
Financial Emergency Assistance			
Hijack Distress Allowance			
Bail Bond			
Loss of Gadgets			
Loss of International driving License			
Mugging Benefit			
Debit / Credit Card / FOREX CARD- Fraud			
Study Interruption			

Sponsor Protection			
Home Country Cover			
University Excess Medical Cover			
University Insolvency:			
Missed Connection:			
Missed or Delay Event			
Home Fire Insurance (Contents)			
Home Burglary Insurance (Contents)			
Loss of Deposit or Cancellation (Hotel & Common Carrier)			
Overbooked-Common Carrier			
Legal Expenses			
Pet Care (IN INR)			
Emergency Accommodation			
Alternate Employee/Substitute Employee Expenses			
Travel Loan Secure(IN INR)			
Child Escort			
Overseas Travel Service Supplier Insolvency			
Cruise Cover			
Car rental excess insurance			
Golf Equipment Cover			
Bounced Hotel booking			
Visa Refusal			
Flight Delay(Airlines)			
The following covers are available as extensions under the Emergency Medical Expenses section			
Inpatient Emergency medical expenses for injuries during inter-collegiate sports			
Outpatient Physiotherapy related to disease/illness/injury			
Cancer screening and mammography examinations			
Chiropractic Treatment related to disease/ illness/ injury requiring outpatient/inpatient care			
Skilled nursing facility related to disease/illness/injury requiring outpatient Care			
Adventure sports Expenses due to Injury			
Sexually transmitted disease			
Drug and Alcohol abuse			
Mental and Nervous disorder			
In-patient medical expenses related to pregnancy/childbirth (after a waiting period of 10 months)			

Travel Details
Total Man Days of Travel _____
Man Days of Travel to
• Worldwide including USA and Canada _____

- Asia excluding Japan _____
- Worldwide excluding USA and Canada (Please Specify) _____
- Schengen Countries _____
- Others _____

Premium Payment Details

Cheque Demand Draft Cash
 Instrument Number (Cheque or DD) _____ Date _____ Bank
 Name _____
 Amount (in Figures and Words) _____

Please note:

***Please make a Crossed Cheque/DD/Pay Order in favour of 'ICICI Lombard General Insurance Company Limited' only.**
 *PAN Card copy is Mandatory for premium of `50,000 and above accepted in Cash/DD or `100,000 and above by Chq/Credit/Debit Card
 Payment to be collected only from Proposers Card / Bank Account

Declaration(s)

- I 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 am authorised to propose on behalf of these other persons.
2. 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 insurer and that the policy will come into force only after full payment of the premium chargeable.
 3. I further declare that I 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.
 4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
 5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

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.

Date:

Place:

Proposer's Signature

Prohibition of Rebates (Section 41) of the Insurance Act 1938

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 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to ten lakh rupees.