

Proposal Form
ICICI Lombard Travel Assure - Group Overseas Travel Insurance
Intimation of journey details of insured

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

The Policy does not commence until the proposal is accepted by the Company and full premium is paid.

PROPOSER DETAILS								
Name of the Proposer								
Address								
City/Town:								
District:								
State:								
PIN Code:								
PanCard No:								
E- Mail:								
Contact details (India):								
Contact details (Overseas):								
IMD Name								
IMD Code								
Nationality								
Profession <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others <input type="checkbox"/> Details								
Occupation (nature of duties) :								
Purpose of foreign trip <input type="checkbox"/> Official work / <input type="checkbox"/> leisure / <input type="checkbox"/> others								
Name of the country to be visited								
Proposed Policy Period From DD/MM/YYYY To DD/MM/YYYY								
Period of Travel								
a. Date of commencement of journey a.								
b. Date of return journey b.								
Plan opted <input type="checkbox"/> Worldwide including USA and Canada <input type="checkbox"/> <input type="checkbox"/> Asia <input type="checkbox"/> Excluding USA and Canada <input type="checkbox"/> <input type="checkbox"/> Schengen Countries <input type="checkbox"/> Others <input type="checkbox"/>								
Plan Type <input type="checkbox"/> Individual <input type="checkbox"/> Family Floater <input type="checkbox"/>								
PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including Proposer)								
Sno	Name of the Family Member	Relationship with the employee	Date of Birth	Gender	Passport No	Nominee Name and Relationship	Journey Start and End Date	Whether suffering from any pre-existing condition /disease/injury? If so, the details
Name of the Nominee and relationship								
In the event of the death of an Insured Person any payment due under the Policy will be payable to the Nominee in accordance with the Policy terms and conditions. Please give below the details of the Nominee, who must be an immediate relative of the Proposer. Nominee for all other persons proposed to be insured shall be the Proposer								
Nominee Name			Relationship to the Proposer			Address of the Nominee		

EXISTING INSURANCE DETAILS				
Is the proposer or any of the persons proposed, already insured under or proposed for a any other insurance company? If yes, please indicate below the Policy/Application number(s) (Please mention application number in case of pending proposal):				
Policy/Application number(s)	Insurer	From (Date)	To (Date)	Sum Insured
		DD/MM/YY	DD/MM/YY	
Address of home to be covered If Home cover opted by Insured				
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 sportsman and/or is engaging any adventure sports during the trip? If yes, please provide the details				

Please Tick (✓) wherever applicable
Is the Insured a professional or a semi-professional sportsman? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Professional Sportsman shall mean those sports persons who are in to full time sports and maintain their livelihood through earnings from their involvement in sports. Semiprofessional sports person shall mean those sports persons who participate in sports on frequent basis (at least once in a month) while being separately employed elsewhere or self-employed and whose primary source of income is not from sports)
Does the planned trip involve any kind of dangerous kinds of sports such as parachuting, hang-gliding, circus activities, polo, racing of any kind, shipping, mountaineering necessitating use of ropes/guides, diving among others? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: The premium may be loaded as given below, in case of a positive declaration under any of the above questions

(1) Premium loading: professional and semi-professional sportsmen	<input type="checkbox"/>
(2) Premium loading: for dangerous kinds of sports such as parachuting, hang-gliding, circus activities, polo, racing of any kind, shipping, mountaineering necessitating use of ropes/guides, diving	<input type="checkbox"/>
(3) Premium loading: Pre-existing cover	<input type="checkbox"/>
(4) Premium loading: Pre-existing in case of Life Saving measures	<input type="checkbox"/>

Place:

Date:

Signature of the insured

Declaration
1. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time 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 from insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
2. 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.
3. I/We understand the information provided by me will form the basis of 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.

4. I/We further declare that I/We notify in writing any change occurring in the occupation or general health of the life to be insured/ propose after the proposal has been submitted but before communication of the risk acceptance by the company.
5. 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.
6. Have you ever been entrusted with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials
- Yes No

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.

Authorization for electronic Policy fulfilment and service communications

I /We would like to protect my environment and would like to help save paper by authorizing ICICI Lombard General Insurance Company Limited to send all my Policy and service related communication to the email ID as mentioned here in the application form. **Yes/No**

(Note : Please tick this option if you wish to receive your Policy at the e-mail address mentioned by you in this proposal form)

I hereby consent to and authorize ICICI Lombard General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing Policy of Company from time to time. **Yes/No**

Date:

Place:

Proposer's Signature