

Enrollment Form Group Domestic Traveller Insurance Policy

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

Please answer all questions completely

Intermediary Details			
Name		Code	
Branch		Code	
Manager's Name		Code	

Proposer's Details (Name and Address for Communication)	
Name	
Address	
Fixed Line Contact No.	
Mobile No.	
Email ID	

Please Tick (<input checked="" type="checkbox"/>) against the plan you have opted for. (Please refer to the "Exhibit of Benefits" under various coverage plans available.)
<input checked="" type="checkbox"/> Bus Travel Policy <input checked="" type="checkbox"/> Domestic Flight Travel <input checked="" type="checkbox"/> Train Travel

Period of Insurance (Maximum 1 day or more than 1 day if single journey from the place of origin to destination is extending for more than 1 day)
From _____ To _____

Please Tick (<input checked="" type="checkbox"/>) against the type of profession.
Is the Insured a professional or a semi-professional sportsman? Yes No

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

Details of Insured Person / (s) (The person/(s) to be Insured)							
Sl no	Name	PAN Card/ Adhar Card/Voter Id Card no.	Date of Birth	Gender	Relationship with the Proposer	Nominee Name and Relationship	Professional / Semi-Professional / Sportsperson.

Please attach a separate list for Nominee Details in the following format

Details of Nominees of Insured / Insured Persons					
Sl. No.	Name of Insured / Insured Person	Name of Nominee/ Assignee (in case of minor)	Gender	Age	Relationship

Medical Details

Are you travelling against the advice of a physician - YES/NO
 Are you waiting to undergo any medical treatment - YES/NO
 Are you travelling for the purpose of obtaining medical treatment - YES/NO
 Have you received terminal prognosis for a medical Condition - YES/NO

Does any of the Insured person(s) suffer from any existing physical defect or infirmity?

Yes No.

If yes please give details in the following table. (Please use the following table format in a separate sheet if space is insufficient, in case of group policies)

Sl. No.	Name	Details of physical defect or infirmity

Family Physician Details (Please leave this blank in case of group travel)

Name	
Address	
Fixed Line Contact No.	
Mobile No.	
Email ID	

Premium Payment Details

Cheque Demand Draft Cash
 Instrument Number (Cheque or DD) _____ Date _____

Bank Name _____ Branch Name: _____

Amount (in Figures and Words) _____

Please note: Wherever AML guidelines are applicable, PAN card and Address proof copies are required.

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 lakhs rupees.

Declaration

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 from insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement .

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 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.

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/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

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