

Proposal Form

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 solution

**Smart Traveller Insurance Policy (Corporate)
For Insured**

Annexure - III

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	

Proposer's Details (Name of the Corporate and Address for Communication)	
Name	
Address	
Fixed Line Contact No.	
Mobile No.	
Email ID	
Details of Pre-existing Illness/ Injury, if any	

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

Plan Opted
Plan Opted: Short term plan <input type="checkbox"/> Annual Plan <input type="checkbox"/>
Multi Trips: Annual Multi Trip Silver <input type="checkbox"/> Annual Multi Trip Gold <input type="checkbox"/> Annual Multi Trip Platinum <input type="checkbox"/>
Country Visiting: _____
Maximum Number of days per trip : _____
Plan Type: Individual <input type="checkbox"/> Family Floater <input type="checkbox"/>

Covers Opted and the Sum Insured (Please use separate sheet if opting for different covers for different employee cadre groups)			
Section	Particulars of Benefit	Opted	Sum Insured & Deductible
I	Medical Expenses Including Repatriation, Repatriation of Mortal Remains, Emergency Medical Evacuation, Cost of burial at the foreign location		
II	Dental Treatment Expenses		
III	Personal Accident		
IV	Accidental Death and Dismemberment - Common Career		
V	Daily Allowance in case of Hospitalisation		
VI	Compassionate Visit		
VII	Loss of Passport and documents		
VIII	Total loss of checked baggage		

IX	Delay of checked baggage		
X	Trip Delay		
XI	Trip Cancellation and Interruption		
XII	Missed Connection		
XII	Personal Liability		
XIV	Financial Emergency Assistance		
XV	Hijack Distress Allowance		
XVI	Home Fire Insurance - Contents		
XVII	Home Burglary Insurance - Contents		
XVIII	Loss of Deposit or cancellation - Hotel and Airline		
XIX	Overbooked Flight		
XX	Bail Bond		
XXI	Legal expenses		
XXII	Pet Care		
XXIII	Emergency accommodation		
XXIV	Alternate Employee Expenses		
XXV	Business Equipment		

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) _____

Premium Payment Details

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

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

Declaration (s)

It is hereby declared that the person(s) will not be travelling against the advice of a physician, are not on the waiting list for any medical treatment, are not travelling for the purpose of obtaining medical treatment, have not received terminal prognosis for a medical Condition before the journey.

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/propose 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

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.