



**Overseas Mediclaim Policy for Business & Holiday Travel**  
**Proposal Form**  
**(For office use only)**

Agency Code :		Issuing office code	
Development Officer Code :		Issuing office address	
Policy Number :			

**1. Proposer details (Please fill up in BLOCK LETTERS.)**

Name of the Proposer (as in passport) : Mr./Mrs./Ms \_\_\_\_\_

Home Address in India : \_\_\_\_\_

City : \_\_\_\_\_ District : \_\_\_\_\_

State : \_\_\_\_\_ PIN : \_\_\_\_\_

Telephone : \_\_\_\_\_ Mobile : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Occupation : \_\_\_\_\_ PAN : \_\_\_\_\_

Date of birth (as in passport) : \_\_\_\_\_ Age : \_\_\_\_\_

Gender (M/F) : \_\_\_\_\_ Blood group : \_\_\_\_\_

Height (cms) : \_\_\_\_\_ Weight : \_\_\_\_\_

Passport No. : \_\_\_\_\_ Date of expiry : \_\_\_\_\_

Passport issuing office : \_\_\_\_\_

Period of Insurance : \_\_\_\_\_ (from) \_\_\_\_\_ (to)

No. of days : \_\_\_\_\_

Countries to be visited : \_\_\_\_\_

(give name of country, no. of days of stay and type of visa held)

Purpose of visit (please tick ✓)

	<b>Business</b>	<b>Holiday</b>	<b>CFT</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Asia</b>	<b>Worldwide</b>	<b>Worldwide</b>
	<b>(excl Japan)</b>	<b>(excl USA/</b>	<b>(incl USA/</b>
		<b>Canada)</b>	<b>Canada)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of plan (B&H) :

SI opted for : US\$ \_\_\_\_\_

Name of the family medical practitioner : \_\_\_\_\_

Address : \_\_\_\_\_

Contact no. : \_\_\_\_\_

Name in Bank Account : \_\_\_\_\_

Bank Name : \_\_\_\_\_

Bank Branch : \_\_\_\_\_

Account no : \_\_\_\_\_

MICR Code : \_\_\_\_\_ IFSC Code: \_\_\_\_\_

**2. Photograph**

Paste one stamp sized photographs and sign beside it (In case of minor, guardian or proposer may sign):

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**3. Medical history of Proposer or Insured person. Write Yes/ No. Please do not leave the spaces blank.**

Are you in good health and free from physical and mental disease or infirmity :  
Have you ever suffered from any illness or disease up to the date of making this proposal :

Do you have any physical defect or deformity? :  
Have you ever been admitted to any hospital/ nursing home/clinic for treatment or observation :

Have you suffered from any illness/disease or had an accident in the 12 months preceding the first day of insurance :

If answer is 'Yes' to any of the foregoing questions please give full details as under

Nature of illness/ medical disease/injury & treatment received	Date on which first treatment taken	First treatment completed/ is continuing	Name of attending Medical practitioner / surgeon with his address and telephone

Have you any intention of engaging in professional sports? :  
If 'Yes', give details :

Please give details of any knowledge of any positive existence of any ailment, sickness or injury which may require medical attention whilst on tour abroad. :

**4. In case the Proposer/ Insured Person needs to submit medical reports as per Important Instruction IX below. Write Yes/ No.**

	ECG	Fasting blood sugar	Urine strip test	Any other test
<b>Proposer</b>				

**5. Nominee**

I \_\_\_\_\_ do hereby assign the amount payable under the policy in the event of my death to my \_\_\_\_\_ (relation to the insured) Mr./Mrs./Ms \_\_\_\_\_. I further declare that his/her receipt shall be sufficient discharge to the company.

**6. Declaration**

I hereby declare that

1. I will not be traveling against the advice of a physician
2. I am not on the waiting list for any medical treatment
3. I will not be traveling for the purpose of obtaining medical treatment
4. I have not received a terminal prognosis for a medical condition before this day.

I further declare, on my behalf and on behalf of the person 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 authorized to propose on behalf of the insured person.

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 policy and that the policy will come into force only after full receipt of the premium chargeable.

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

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

I 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 Proposer

Name of the Proposer (in BLOCK LETTERS) .....

**Certificate from proposer in case proposal form is not filled by him/ her**

The proposal form is filled up by my representative, but the contents of the documents have been fully explained to me and I am willing to accept the coverage subject to terms, conditions and exceptions prescribed by the Insurance Company therein.

Place : .....  
Date : ...../...../.....

.....  
Signature of Proposer

Name of the Proposer (in BLOCK LETTERS) .....

**N.B. :** This should necessarily be signed by proposer, and not by his/her representative.

**TO BE COMPLETED BY THE DOCTOR [To be completed by M.D. only]****1. General medical condition**

- a. History :
- b. Any past history of disease, operation, accidents, investigations etc. :
- d. General Examination :
- e. Systemic Examination :

**2. Electrocardiography**

- a. Does the attached Electrocardiogram in your professional opinion show any abnormalities and if so, please describe. :
- b. Does the abnormality represent a illness or disease which may possibly require medical treatment during proposer's forthcoming trip? :
- c. Does the proposer now or did he/she in the past, require medication for this abnormality? :
- d. Please describe any treatment taken by Proposer in the past or being taken at present :
- e. Do you recommend Stress Test? If so please obtain the report of such test. :

**3. Does the urine Strip Test show any sugar? :****4. Do you consider that proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affection his health/medical condition? :**

Signature of the Doctor :  
 Name of the Doctor :  
 Qualifications :  
 Address :  
 Telephone No. :

**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 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 prospectus or tables of the Insurers.
  2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.
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