

TRAVEL ASSIST PROPOSAL FORM

Proposer's Name : _____ Date of Birth _____

Address : _____

_____ Pin _____

Passport No : _____ Assignee : _____

Phone Number : _____ Mobile No. : _____

Email id : _____

Departure Date From India [DD/MM/YY] _____ Arrival Date Back to India [DD/MM/YY] _____

Name of country to which travelling _____

Choose Plan Travel Assist Classic Travel Assist Premium Travel Assist Privileged Travel Assist Age

Choose Geographic Coverage Excluding USA / Canada Including USA / Canada

Family Members (Only if travelling together)

Sr. No.	Name	Date of Birth	Gender	Passport No.	Assignee	Relationship with insured

Medical History :

a) Are you suffering or have you ever suffered from any illness/disease/ ailment up to the date of making this proposal or suffer from physical defect or deformity? Please give details. _____

b) Have you been admitted to any hospital/nursing home/clinic for for treatment or observation? Please give details. _____

c) Are you currently or in past been on any medications ? Please mention _____

d) Have you ever claimed under your earlier travel policy ? If yes please give details under the section claimed . _____

Please mention the name, address and telephone number of your family doctor and/or specialist. _____

If answer to any of the above a) to d) is yes Please give details

I Hereby declare & warrant that the above statement is true and complete in all respects and that information relevant to my application of insurance has been disclosed to you. I understand that this policy does not cover any pre-existing medical condition /injury/illness/deformity and complications arising from them that are declared or undeclared . I will not be travelling against the advice of a physician. I will not be travelling for the purpose of obtaining medical treatment. I consent to Bajaj Allianz seeking medical information from any doctor in respect of any matter relating to my physical or mental health and I authorize and consent to him giving such information to Bajaj Allianz and / or to the claims administrator or medical advisors.

I agree to this proposal and the declaration shall be the basis of the contract between me and Bajaj Allianz and I agree to accept the policy subject to the terms and conditions prescribed by Bajaj Allianz General Insurance Company Ltd.,

Date : _____

Signature _____