



8. Period of Travel :

Departure Date:

D	D	-	M	M	-	Y	Y	Y	Y
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ArrivalDate

D	D	-	M	M	-	Y	Y	Y	Y
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9. Sum Insured Options : ( Please Select any one of the below Options)

USD 5

USD 1

USD 1500

USD 2000

**(Please Note: "Personal Belongings"** shall mean Clothing & Personal Effects, Photographic Equipments, Laptops, Mobile Phones, Video Cameras, Telescopes, Musical Instruments, I- Pads, I Pods and Portable Equipments of similar nature which belongs to the Insured **excluding** :

Cigarettes, tobacco and/or alcohol, Films, cassettes, cartridges or disks , Consumable Perishable goods, prosthetics, dentures, hearing aids, bottles, cartons, Pedal cycles, wheelchairs, prams, pushchairs or baby buggies, Contact or corneal lenses, Sports Equipment including Winter Sports Equipment, Cash and Currency Notes , Jewellery & Valuables , Airline Tickets and Credit and Debit Cards)

**Details of Personal Belongings:**

Description	Age	Sum Insured

Payment Details

Cash / Cheque	Amount Bank/Name		Cheque No.		Cheque Dt.	
					Branch	

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

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Declaration & warranty on Behalf of all Persons Proposed to be insured

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

I/We further declare that I/we will 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 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 for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

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."

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (DD/MM/YY)

**Insurance Act, 1938 Section 41 - Prohibition of Rebates Insurance Act**

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 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 published prospectus or tables of the insurer.. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.

Certified that the contents of the Proposal Form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract\*\*\*

Place: \_\_\_\_\_

Name \_\_\_\_\_

Date: \_\_\_\_\_

Signature (On behalf of Proposer) \_\_\_\_\_

\*\*\* This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

\*\*Please read declaration wordings carefully before signing the proposal form.