

## 9. Geographical Location

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Please confirm if **Schengen Cover** is required under Travel Prime Age Plan: Yes / No

| Travel Prime Super Age Plan: 50000 USD  | Age       |           |           |           |                  |
|---|-----------|-----------|-----------|-----------|------------------|
|   | 71-75 Yrs | 76-80 Yrs | 81-85 Yrs | 86-90 Yrs | More than 90 Yrs |
| With Pre Policy Health Check Up   |           |           |           |           |                  |
| Without Pre Policy Health Check Up Journey within 30 Days   |           |           |           |           |                  |
| Without Pre Policy Health Check Up Journey after 30 Days  |           |           |           |           |                  |
| <b>Optional Cover under Travel Prime Super Age Plan:</b><br>Please confirm if <b>Schengen Cover</b> is required under Travel Prime Super Age Plan: Yes / No |           |           |           |           |                  |

|                            |                     |                          |                    |                          |
|----------------------------|---------------------|--------------------------|--------------------|--------------------------|
| Travel Prime Family Plan : | Standard: 50000 USD | <input type="checkbox"/> | Silver: 100000 USD | <input type="checkbox"/> |
|----------------------------|---------------------|--------------------------|--------------------|--------------------------|

|                            |                          |                        |                          |                             |                          |
|----------------------------|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|
| Travel Prime Student Plans |                          |                        |                          |                             |                          |
| Standard: 50000 USD        | <input type="checkbox"/> | Silver: 100000 USD     | <input type="checkbox"/> | Gold: 200000 USD            | <input type="checkbox"/> |
| Platinum: 300000 USD       | <input type="checkbox"/> | Super Gold: 500000 USD | <input type="checkbox"/> | Super Platinum : 750000 USD | <input type="checkbox"/> |
| Maximum: 1000000 USD       | <input type="checkbox"/> |                        |                          |                             |                          |

**Optional Covers available under Travel Prime Student Plan:**

| Optional Covers   | Cover Opted | Sum Insured   |
|---|-------------|---|
| Cancer Screening and Mammography Cover  | Yes / No    | USD 1000  |
| HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) Cover | Yes / No    | Options : ( Please Select any one of the below Options)<br><input type="checkbox"/> USD 1000<br><input type="checkbox"/> USD 2000<br><input type="checkbox"/> USD 2500<br><input type="checkbox"/> USD 3000 |
| Pre existing illness Coverage   | Yes / No    | Sum Insured as per the Base Travel Prime Student Plan   |
| Maternity and Baby Cover from Day One Coverage  | Yes / No    | Sum Insured as per the Base Travel Prime Student Plan   |
| Mental illness and Alcohol related Disorder Cover                                       | Yes / No    | Sum Insured as per the Base Travel Prime Student Plan   |

## 6. Details of Persons to be insured

| Family Members |      |               |        |              |         |  |
|----------------|------|---------------|--------|--------------|---------|--|
| Sr. No         | Name | Date of Birth | Gender | Passport No. | Nominee | Nominee Relationship:<br>"Father, Mother, Son, Daughter, Spouse & any Other if legally permitted " |
| 1              |      |               |        |              |         |  |
| 2              |      |               |        |              |         |  |
| 3              |      |               |        |              |         |  |
| 4              |      |               |        |              |         |  |

## 7. Medical History

| Questions   | Insured 1 | Insured 2 | Insured 3 | Insured 4 |
|---|-----------|-----------|-----------|-----------|
| During the last 4yrs and before 4yrs, have any of the proposed insured consulted any physician for treatment or medical investigation or surgical operation, Accident or been hospitalized for any disorder?                          |           |           |           |           |
| Have any of the proposed insured's ever been diagnosed with or advised to seek treatment for any one or more from the following: heart disease, Diabetes/ raised blood sugar, High blood pressure/ Hypertension, Circulatory disease? |           |           |           |           |
| Paralysis, cancer, Disease of kidney, Liver, Stomach, Intestine, brain, Lung or joint disorder, mental illness, Congenital/ Birth defect ,Physical deformity, or HIV/AIDS   |           |           |           |           |
| Any other illness, impairment, disability or surgery not mentioned above?   |           |           |           |           |
| Disorders of eye, ear, nose or throat, Gland disorder such as thyroid, Blood disorder or disorder of reproductive or urinary system   |           |           |           |           |
| Have any of the proposed insured's Parents, brothers or sisters had heart disorders, cancer, Diabetes, neurological or mental disorder, hereditary or chronic disorder?   |           |           |           |           |
| Is any of the proposed insured currently taking any medication/ treatment for any disease or disorder?  |           |           |           |           |
| Is any of the proposed insured is currently pregnant  |           |           |           |           |
| Have any of the proposed insured proposal or application for reinstatement of life, health and accident insurance ever been declined, postponed, withdrawn or accepted with modified terms by any insurance company?                  |           |           |           |           |
| Does any person proposed to be insured smoke or consume tobacco, alcohol or any other form of   |           |           |           |           |

|          |  |  |  |  |
|----------|--|--|--|--|
| Tobacco? |  |  |  |  |
|----------|--|--|--|--|

### 8. Additional Information

| Sr. No. | Name of the proposed Insured | Please specify the illness details with symptoms | Treatment details with treating Doctor details | Outcome of treatment (e.g. Ongoing, complete recovery recurrent or likely to recur) |
|---------|------------------------------|--|--|---|
|         |                              |  |  |   |
|         |                              |  |  |   |
|         |                              |  |  |   |
|         |                              |  |  |   |

### Additional information to be completed by the student (Only for Travel Prime Student plan)

Name Of the Student : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Name of the School Overseas: \_\_\_\_\_  
Detailed Address of the School/Telephone no: \_\_\_\_\_

Course Opted for : \_\_\_\_\_  
Duration of the Course : \_\_\_\_\_  
Number of Semesters : \_\_\_\_\_  
Tuition Fees Per Semester : \_\_\_\_\_

- Tuitions financed by (Self, parents, borrowing from bank or FI's), please give details
- Have you undergone medical examination/fitness test?
- Would like to state any thing that is not asked which you may want the insurer to know?

### Payment Details

|               |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|
| Cash / Cheque |  |  |  |  |  |  |
|               |  |  |  |  |  |  |

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 full 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.

## DECLARATIONS - PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*? If

yes, please share the details \_\_\_\_\_

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc." ☐ Yes / ☐ No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification. ☐ Yes / ☐ No
- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes / ☐ No
- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes / ☐ No