



Worldwide Including USA/Canada       Worldwide Excluding USA/Canada   
 Asia Excluding Japan

**Family Doctor Details**

Name  Qualification   
 Reg No  Mobile No   
 Address

**10. Choose Plans**

**Travel Prime Individual Plans and Travel Prime Holiday Plans**  
 Silver: 50000 USD       Gold: 200000 USD       Platinum: 500000 USD   
 Super Platinum: 750000 USD       Maximum: 1000000 USD

**Travel Prime Corporate Plans**  
 Corporate Lite: 250000 USD       Corporate Plus: 500000 USD   
 Corporate Maximum: 1000000 USD       Corporate Age Lite: 50000 USD   
 Corporate Age Plus: 200000 USD

**Travel Prime Holiday Plans & Travel Prime Asia Plans**  
 Asia Flair: 15000 USD       Asia Supreme: 25000 USD

**Travel Prime Age Plans**  
 Silver: 50000 USD       Gold: 200000 USD       Platinum: 500000 USD   
 Super Platinum: 750000 USD       Maximum: 1000000 USD

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					

**Travel Prime Family Plan :**      Standard: 50000 USD       Silver: 100000 USD

**Travel Prime Student Plans**  
 Standard: 50000 USD       Silver: 100000 USD       Gold: 200000 USD   
 Platinum: 300000 USD       Super Gold: 500000 USD       Super Platinum : 750000 USD   
 Maximum: 1000000 USD

**11. Details of Persons to be insured**

Family Members					
Sr. No	Name	Date of Birth	Gender	Passport No.	Nominee
1					
2					
3					
4					

\*Nominee for self has to be one of the below mentioned relations.  
 "Father, Mother, Son, Daughter, Spouse, Financier, Employer & Others"  
 If Nominee is "Others" please specify -----.

12. 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?				

13. Additional Information

Sr. No.	Name of the proposed Insured	Please specify the illness details with	Treatment details with treating	Outcome of treatment (e.g. Ongoing, complete

		symptoms	Doctor details	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?  
\_\_\_\_\_

**Additional information to be completed for Travel Prime Holiday**

Number of Passengers: \_\_\_\_\_ Number of Travel Days: \_\_\_\_\_

Kindly attach Annexure stating details of passengers in below format.

Name	Gender	Date Of Birth	Passport No	Address	Medical History	Family Doctor Details

**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 any time 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.”

I/We have read and understood the Privacy Policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.

I/We have read and understood the Privacy Policy of your Company at [www.bajajallianz.com](http://www.bajajallianz.com) and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time

\_\_\_\_\_

\_\_\_\_\_

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.