

The New India Assurance Company (T&T) Limited

PROPOSAL FORM FOR TRAVEL INSURANCE POLICY

GENERAL INFORMATION .

1. NAME OF THE PROPOSER : MR./MRS./MISS./MASTER
(IN BLOCK LETTERS) AS STATED
IN THE PASSPORT.
2. HOME ADDRESS & TELEPHONE NO. :
3. PROPOSER'S ACTUAL OCCUPATION :
(Specify)
4. AGE (IN COMPLETED YEARS) : ----- DATE OF BIRTH -----
5. PASSPORT NO. :
DATE OF EXPIRY & :
NAME OF PASSPORT ISSUING AUTHORITY :
6. PURPOSE OF VISIT :
(BUSINESS / HOLIDAY TRAVEL)
7. PROPOSED DATE OF DEPARTURE : DAY MONTH YEAR
8. INSURANCE REQUIRED FOR :
(Numbers of days)

N.B. : 1. In case of any extension of stay abroad, requiring extension of policy period, approval of issuing office has to be obtained and appropriate premium paid. Request for such extension should be supported with a declaration of good health.

9. COUNTRIES TO BE VISITED :
(State approximate number of days at
each place)
10. NAME, REGISTRATION NO., :
ADDRESS & TELEPHONE NO.
OF FAMILY PHYSICIAN

MEDICAL HISTORY.

TO BE COMPELTED BY THE PROPOSER

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH 'YES' OR 'NO' (A DASH IS NOT SUFFICIENT) AND GIVE FULL DETAILS :-

1. Are you and any family members traveling in good health and free from Physical and mental disease or infirmity. _____
2. Have you or any family member traveling ever suffered from any illness or disease upto the date of making this proposal. _____
3. Do you or any family member traveling have any physical defect or deformity. _____
4. Have you or any family member traveling ever been admitted to any hospital/ nursing home / clinic for treatment or observation. _____
5. Have you or any family member suffered from any illness / disease or had an accident in the 12 months preceding the first day of insurance. _____
6. If the answer is 'yes' to any of the foregoing questions please give full details as under :

Nature of illness / disease / injury & treatment received	Date on which first treatment taken	First treatment completed / is continuing	Name of attending medical practitioner / Surgeon with his address & Tel. Nos.

7. a) Have you or any family member traveling have any intention of engaging in professional sports ?
 - b) If so, give details. _____
8. 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.

I HEREBY DECLARE THAT

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

Assignment :

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

I further declare that and warrant that the above statements are true and complete. I consent to the insurers seeking medical information from any doctor who has at any time attended concerning anything which affects my physical or mental health, and I authorize the giving of such information to Specialty Assistant and / or their programme medical advisers. I agree that this proposal shall form the basis of the contract should the insurance be affected.

I am willing to accept the policy, subject to the terms, exceptions and conditions prescribed therein.



NEW INDIA

SIGN HERE

Signature of Proposer.

Date/...../.....
Day Month Year

Place : *Assurance - When you need it most*

TO BE COMPLETED BY THE DOCTOR (PROPOSER ABOVE 70 YEARS OR AS MAY BE ADVISED BY INSURER)

1. a) History
- b) Any past history of disease, operation, accidents, investigation etc.
- c) General Examination.
- d) Systemic Examination.

2. Electrocardiography :

- a) Does the attached Electrocardiogram in your professional opinion show any abnormalities if so, please describe :
- b) Does the abnormality represent a current 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 on such test.

3. Does the Blood / 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 affecting his health/medical condition ?

SIGN HERE

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