



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd., Dabur Investment Corp. and Sampo Japan Nipponkoa Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kurla Road, Andheri (E),
Mumbai – 400059, Maharashtra. Toll free Fax No. 1800-200-9134. Email: contactus@universalsampo.com

PROPOSAL FORM TRAVEL INSURANCE POLICY

Name of the Proposer			
Office Address of the Proposer			
Residential Address of the Proposer			
Name of Person to whom the Policy has to be dispatched	Telephone No.		Fax No.
	E Mail ID		Bank Account No.
Agent/Broker Name			Agent/Broker Code
Occupation			Office Code
Address of issuing Office			
If Travelling in a group/family, state the number of people in the group	<input type="checkbox"/> Below 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 50 & above (Please tick the relevant option)		

Details of the insured Members

Sr. No.	Name of the Insured Person(s) whether belonging to family or group	Relationship with the Proposer	Date of Birth	Passport No.	Is he/she a professional sports person? (Please tick the relevant option)	Is he/she going to participate in any dangerous sports? (Please tick the relevant option)
1.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: (If the space provided is not sufficient separate sheet to be attached in the same format)

The below portion of the form has to be completed separately with respect to each Insured Person

Name of the Individual	
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TRAVEL DETAILS

1. Plan Opted For	Worldwide Specific	Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/>		
		Overseas Destinations	Maximum Number of Days of Stay	
	Annual Trip	Which Plan do you want to opt for?		
		Gold <input type="checkbox"/> Platinum <input type="checkbox"/> (Please tick the relevant option)		
		What is the maximum duration of each trip?		
	30 days <input type="checkbox"/> 45 days <input type="checkbox"/> (Please tick the relevant option)		Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada <input type="checkbox"/> (Please tick the relevant option)	
	Countries to be Visited		Primary <input type="checkbox"/> Buddy <input type="checkbox"/> Intellectual <input type="checkbox"/>	
	Student Travel Plan	Overseas Destinations		Maximum Number of Days of Stay
		Excluding USA / Canada <input type="checkbox"/>		
		Including USA / Canada <input type="checkbox"/>		
Travel Asia	Gold <input type="checkbox"/> Platinum <input type="checkbox"/>			
	Overseas Destinations		Maximum Number of Days of Stay	
2. Purpose of Visit	Business <input type="checkbox"/> Leisure/Holiday <input type="checkbox"/> Studies <input type="checkbox"/> (Please tick the relevant option)			
3. Proposed date of departure from India				
4. Period of Insurance (dd/mm/yy)	From		To	

Medical Details

Please give details of any positive existence of any ailment, sickness or injury which you are suffering from	
Declaration	I hereby declare that
1.	I will not be travelling against the advice of a physician
2.	I am not on the waiting list for any medical treatment
3.	I will not be travelling for the purpose of obtaining medical treatment

4.	I have not received a terminal prognosis for a medical condition before this day	
5.	I am in good health and free from physical and mental disease or infirmity	

ATTACHMENTS TO BE ACCOMPANIED WITH THE PROPOSAL FORM

If the proposer is travelling to any country and is above 60 years		
Then the Proposal Form should be accompanied with the following:		
1.	ECG Printout with report (ECG to be carried out by cardiologists)	
2.	Fasting and blood sugar and urine sugar or urine strip test report etc	
3.	Doctor's Certificate in the format given below-to be completed and signed by a Doctor with minimum M.D. qualifications conducting the test.	
Note: In the absence of such medical tests and reports due to a shortage of time before travel, cover may still be granted subject to a satisfactory Proposal Form but the Sum Insured under the Policy, in respect of expenses incurred for the treatment of illness of disease shall be restricted to US \$ 10,000 only. However, in case of Personal Accident and other Sections, the full sum insured would be available.		

DOCTOR'S CERTIFICATE—TO BE COMPLETED BY THE DOCTOR

History		
1.	Any past history of disease, operation, accidents, investigation etc.	
2.	General Examination	
3.	Systematic Examination	
Electrocardiography		
4.	Does the attached electrocardiogram in your professional opinion show any abnormalities? If so, please describe	
5.	Does the abnormality represent a current illness or disease that may possibly require medical treatment during the proposer's forthcoming trip?	
6.	Does the proposer now or did he/she in the past, require medication for this abnormality?	
7.	Please describe any treatment taken by the proposer in the past or being taken at present	
8.	Does the urine strip test show any sugar?	
9.	Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his/ her health/ medical condition?	
Signature of the Doctor		
Name of the Doctor		
Qualification		
Address		
Telephone Number		

NOMINATION

I do hereby nominate related to me as..... to receive any payments accrued under the Policy in the event of my death. I further declare that his/her receipt shall be sufficient discharge to the company.

DECLARATION

1. "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.
2. "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.
3. 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.
4. 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.
5. 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.
6. 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."

Date :

Signature of Proposer

Amount of Cheque :		Cheque No. :	
Cheque Date :		Place :	

Section 41 of Insurance Act 1938 (Prohibition of rebates)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakhs Rupees.

Universal Sampo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Mahape, Navi Mumbai – 400710

Toll Free Nos: 1800224030(MTNL)/18002004030(Reliance) Direct Nos: 022 27639800(MTNL) 39133700(Reliance)

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