



Overseas Travel Insurance 2014

Business & Holiday

Proposal Form

(To be submitted in Original with 2 copies)

I. GENERAL INFORMATION

1. Name of the Proposer : Mr./Ms./Master
(in block letters) as stated in the passport)
2. Date of Birth :
3. Home Address & Telephone No. :
Mobile No. :
E-Mail Id :
4. Proposer's Actual Occupation :
(Specify)
5. Office Address :
Telephone No. :
6. Age (In Completed Years) :
Date of Birth :
7. Passport No. :
Date Of Expiry & :
Name Of Passport Issuing Authority :
8. Purpose Of Visit :
(Business / Holiday Travel)
9. Proposed Date Of Departure From
Republic Of India I.E. First Day Of
Insurance : _____ am/pm of DD/MM/YYYY
10. Insurance Required For : _____ Days
(Numbers of days)

Note 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 before expiry of policy. Request for such extension should be supported with a declaration of good health.*

11. Plan Opted (Please tick in appropriate box)

<i>Plan A-1</i>	<i>Plan A-2</i>	<i>Plan A-3</i>	<i>Plan B-1</i>	<i>Plan B-2</i>	<i>Plan B-3</i>	<i>Plan B-4</i>

For CFT & Multi-Trip Policy

<i>Plan E-1</i>	<i>Plan E-2</i>	<i>Plan MTS-1</i>	<i>Plan MTS-2</i>	<i>Plan MTS-3</i>

12. Countries To Be Visited :
(State approximate number of days
at each place)

United India Insurance Company Limited

Regd. Office: 24 Whites Road, Chennai, 600 034



13. Name, Registration No., :
Address & Telephone No.
Of Family Physician
Mobile No. :
Email Id :

14. Name Of The Nominee & Relationship :

II. MEDICAL HISTORY

A. To be completed by the Proposer

Please answer the following questions with 'Yes' or 'No' (a dash is not sufficient) and give full details:

1. Are you in good health and free from Physical and mental disease or infirmity :
:
2. Have you ever suffered from any illness or disease up to 48 months prior to making this proposal. :
:
3. Do you have any physical defect or Deformity :
:
4. Have you ever been admitted to any hospital/ nursing home/ clinic for treatment or observation :
:
5. Have you suffered from any illness/ disease or had an accident in the past :
:
6. If the answer is 'Yes' to any of the foregoing questions please give full details as under :

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

7. a) Have you 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 :
:

III. PROPOSER'S 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 of any medical treatment.

United India Insurance Company Limited

Regd. Office: 24 Whites Road, Chennai, 600 034



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.

IV. NOMINATION :

I, do hereby nominate.....(*name and relation to the insured*) to receive the amount payable under the policy in the event of my death. I further declare that his / her receipt shall be sufficient discharge to the company.

V. DECLARATION (Please read carefully and tick against each statement before signing the proposal form)

- I/We 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 personal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

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

Signature of Proposer

Date: DD/MM/YYYY

Place :

VI. MEDICAL EXAMINATION: (to be completed by a doctor who holds an M.D. degree)

1. History :
Any past history of disease,
Operation, accidents, investigations etc.
2. General Examination :
3. Systemic Examination :

United India Insurance Company Limited

Regd. Office: 24 Whites Road, Chennai, 600 034



4. Electrocardiography :
- a) Does the attached Electrocardiogram in your professional opinion show any abnormalities and if so, please describe :
- b) Does the abnormality represent a Current illness or disease which may possibly be expected to 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 the proposer in the past or being taken at present ? :
- e) 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 medical condition:
5. Does the Fasting Blood and Urine Sugar, Urine Strip Test show any Sugar? :
- Signature of Doctor :
- Name of Doctor :
- Qualifications :
- Address :
- Tel No. :

VII. Statutory Warning (Section 41 of Insurance Act, 1938 – Prohibition of Rebates)

- a. 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 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 prospectus or tables of the Insurers.
- b. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.