

INTERNATIONAL TRAVEL INSURANCE PROPOSAL FORM

For Office use only

Issuing Branch	Payment Ref No.	Proposal Form No.	Rural/ Urban
Agent Reference	Customer ID No	Policy No.	Phone No.

GUIDELINES FOR COMPLETION OF THE FORM (To be filled by proposer)

- Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
- Insurance benefit shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/ personal statement, declaration and connected documents, or any material information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance.
- Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of the Company does not commence until this Proposal has been accepted by the Company and premium realised.

Proposer's/ Insured's Signature

PROPOSER DETAILS

Proposer's name: _____ (First) _____ (Middle) _____ (Last)
 Mr. / Ms.: _____
 Correspondence Address: _____
 City: _____ State: _____ Country: _____
 Pin code: _____ Home Phone Number: _____ Fax Number: _____
 Date of Birth: DD / MM / YYYY Mobile Number: _____ Sex: Male Female
 Email ID: _____
 Mother's full maiden name: _____

DETAILS OF PERSONS TO BE INSURED

(Please mention details of all the persons proposed to be insured under the policy)

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name as per Passport						
Date of Birth						
Relationship with Proposer						
Passport Number						
Visa Type	Immigrant	Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Non - Immigrant	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is the Insured currently in india	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Resident of India						
Nominee Name and Relationship						
Family Doctor's Name, Address and Contact Details						

*Please write the assignee name also in case the nominee is a minor

*Please provide the details of the guardian in case the nominee is a minor

	Pre-Existing Disease - Please declare if any of the insured traveling is suffering from/has ever suffered from or had symptoms for, taken medications/has undergone any hospitalisation/ surgery for the below mentioned diseases	Yes	No
a.	Heart Disease - Heart and Circulatory Conditions/ Disorders: Chest pain, angina, heart failure, coronary artery disease/blockage, heart attack, cardiac bypass surgery/ angioplasty, valve disorder/ replacement surgery, pacemaker insertion, congenital (by birth) heart condition, abnormal heart rhythm or any type of heart disease		
b.	Liver Disease : Chronic liver failure or disease, liver cirrhosis, liver transplant, autoimmune liver disease, biliary cirrhosis, fulminant/ recurrent hepatitis, shrunken liver, fibrotic liver and acute & chronic pancreatitis		
c.	Kidney Disease : Chronic kidney failure or disease, kidney transplant, dialysis, nephropathy, kidney cyst, polycystic kidney disease, nephritic syndrome, solitary kidney, renal mass, hydronephrosis, shrunken kidney and nephritic syndrome		
d.	Cancer : Any type of Cancer or tumor of any kind.		

Please Note: Any claim due to or arising out of pre-existing medical condition/ailment whether declared or undeclared is not covered under the policy

PAST INSURANCE DETAILS

Sr. No.	Policy Period	Insurance Company	Premiums Paid	Claims
1.				
2.				
3.				

Dated: DD / MM / YYYY Place: _____

Proposer's/ Insured's Signature

TRAVEL DETAILS

Purpose of visit: Business Leisure Visiting Family or Friends Others

Mode of travel (Please mention mode of travel): Air Sea Road

Details of Trip: From DD/MM/YYYY To DD/MM/YYYY Days:

Are you going to participate in Training or Competitions of professional or semi professional sports nature or other such activity? Yes No

If YES, details:

PERIOD OF INSURANCE

For Single Trip	For Multi-Trip (one year policy)
Journey Start Date DD/MM/YYYY	Date of Commencement of Insurance DD/MM/YYYY
Journey End Date DD/MM/YYYY Total number of days: <input type="text"/>	Multi Trip (days) - 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/>

COVERAGE DETAILS

Geographical scope	Plan requested	Sum Insured options (in USD)
Worldwide	Single Trip Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Silver <input type="checkbox"/> Senior citizen <input type="checkbox"/>	5,00,000 <input type="checkbox"/> 2,50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 25,000 <input type="checkbox"/>
	Multi Trip Gold <input type="checkbox"/>	5,00,000 <input type="checkbox"/> 2,50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/>
Schengen Countries	Gold-S <input type="checkbox"/> Platinum-S <input type="checkbox"/> Senior citizen-S <input type="checkbox"/>	1,00,000 <input type="checkbox"/> 50,000 <input type="checkbox"/>
Other Countries	Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Silver <input type="checkbox"/> Sr. citizen <input type="checkbox"/> Asia <input type="checkbox"/>	5,00,000 <input type="checkbox"/> 2,50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 25,000 <input type="checkbox"/>

DETAILS OF PROPERTY TO BE COVERED (VALID ONLY FOR PLATINUM PLAN)

Address (If different from Correspondence Address):

City:

State: Country: Pin code:

PAYMENT DETAILS

Cash Cheque DD Credit/ Debit Card Premium Amount ₹

Cheque/ DD No. Cheque/ DD Date DD/MM/YYYY Branch (if cheque)

DECLARATION

- 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/ proposal 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/ proposed 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 Government and/ or Regulatory authority.
- I/We hereby declare and undertake that the amount paid by me/ us as premium for the aforementioned policy is out of my/ our lawful and declared source of income.
- I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the application form/ personal statement, declaration and connected documents, or any material information has been withheld by me or anyone acting on my/ our behalf to obtain any benefit under this Policy.
- I have read and understood the policy terms & conditions and agree to abide by them.
- I/we hereby agree that the insurance coverage under the policy will commence only on realization of full premium. Receipt of proposal form by the company shall not be construed as acceptance of proposal.

Proposer's Name: (First) (Middle) (Last)

Dated: DD/MM/YYYY Place: Proposer's Signature:

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

- 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 prospectuses or tables of the Insurer.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rs. Ten Lakhs.



Mailing Address: ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/402 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
 Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
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