



OVERSEAS STUDENT TRAVEL PROPOSAL FORM

The acceptance of the proposal subject to receipt of the total premium and realization of payment will be as per the policy terms and conditions. Kindly fill the form completely in CAPITAL LETTERS to help us to serve you better.

The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

PROPOSER DETAILS

Proposer : (Mr./Mrs./Ms.) [input boxes for First Name, Middle Name, Last name]

Address: [input boxes for address]

City [input] State [input] Area [input] Pin Code [input]

E-Mail : [input box]

Contact Details (India): [input] Contact details (Overseas): [input]

Relation with Student: [input]

Name of the Student [input]

Date of Birth: [input] (DD/MM/YYYY) Gender: [input M] [input F]

Nationality: [input] Pan No [input]

Visa Type: [input Resident] [input Travel]

Passport No: [input]

Proposed date of Departure from India [input] Date of Return to India [input]

Plan Option: [input Smart Genie] [input Genius Junior] [input Bright Angel] [input Masterminds]

Geographic Coverage: [input Worldwide] [input Worldwide Excluding US& Canada]

Add On Cover (Optional): [input Pre-Existing Ailments] [input Total loss of Portable Electronic Equipment]

(Please note add on covers are optional and additional premium will be charged for these covers on opting the same)

Country Of visit: [input]

Name of the School/University [input]

S.No	Name of the Disease/illness/injury suffering from	Duration of the disease/illness/injury	Treatment received/current medication	First treated on	Name of attending doctor/surgeon with address and phone no.	Whether fully cured?

FAMILY DOCTOR DETAILS :

Name :	
Address with Contact No:	

DEPENDENT CHILDREN DETAILS :

Child 1 Name	
Date of Birth	
Name of Educational Institute	

DEPENDENT CHILDREN DETAILS :

Child 2 Name	
Date of Birth	
Name of Educational Institute	

PORTABLE ELECTRICAL EQUIPMENT DETAILS:

S.no.	Type/Name of Equipment	Make & Model	Identification/Instrument no.	Date of Purchase	Year of Mfg	Cost	Invoice Number

1. Is the risk currently insured against any of the following perils? Fire Theft All Risk
If so, please state the following:

- a) Name of the Insurer
- b) Policy Number
- c) Policy Period (DD/MM/YYYY) From / / To / /

Name of the Gaurdian	Relation to Insured	Gender (Male /Female)	Date of Birth (DDMMYYYY)

RISK LOADING CONSENT

Add on Cover Opted: Pre-Existing Ailments Total loss of Portable Electronic Equipment

I/We understand that this policy covers the above mentioned additional benefits in accordance with my request and the premium loaded for the same is acceptable by me/us.

Important Note:

The Company will have no liability until the proposal is accepted by the Company and communicated to the proposer on receipt of full premium against the proposal.

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 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.
3. 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 form has been submitted but before communication of the risk acceptance by the company.
4. 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.
5. 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.

PAYMENT DETAILS

Cash/Cheque	Amount	Cheque No	Cheque Date
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Date: // Place: _____ Proposer's Signature: _____

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 out 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 five hundred rupees.

Date: / /

Signature:

INSURANCE IS A SUBJECT MATTER OF SOLICITATION