



redefining /
general insurance

**Bharti AXA General Insurance
Company Limited**

☎ 1800-103-2292 (Toll Free)
✉ customer.service@bharti-axa.co.in
📱 SMS <SERVICE> to 5667700
🌐 www.bharti-axa.co.in

SmartTraveller Insurance Policy (Individuals and Families) - Proposal Form

Important Note

Issuance of this form is not to be taken as admission of liability. Please fill this form in **Block Letters** and **Tick the Boxes** ☒ where appropriate. Please answer all questions completely and do not leave any blanks: in case any question is not relevant, please mention "Not applicable". The insurance is not effective until the proposal is accepted and premium received.

1 Intermediary details

Intermediary/Sales Officer Name Code

2 Proposer's details

Name of the Proposer

Address

Phone No.

E-mail

Occupation

Passport No. Date of Birth

Departure Date Arrival Date

Plan: Single Trip Plan ☐ Annual Multi Trip Plan ☐

Plan Type: Individual ☐ Family Floater ☐

Single Trips

SmartTraveller Basic ☐ SmartTraveller Regular ☐ SmartTraveller Essential ☐

SmartTraveller Silver ☐ SmartTraveller Gold ☐ SmartTraveller Schengen Silver ☐

SmartTraveller Schengen Gold ☐ SmartTraveller Schengen Platinum ☐

Multi Trips

Multi Trip Silver ☐ Multi Trip Gold ☐ Multi Trip Platinum ☐

Maximum Number of days per trip:

Geographical Coverage

Worldwide including USA and Canada ☐ Asia excluding Japan ☐ Worldwide excluding USA and Canada but including Japan ☐

Is the Insured a professional or a semi professional sportsperson Yes ☐ No ☐

3 Insured's Details

Sl. No.	Family members Name	Gender	Date of Birth	Relationship with the Proposer	Passport No.	Nominee Name and Relationship

Sl. No.	Are you suffering or have you ever suffered from any illness / disease / ailment up to the date of making this proposal or suffer from physical defect or deformity? Please give details	Have you been admitted to any hospital / nursing home / clinic for treatment or observation? Please give details	Are you currently or in past have been on any medications? Please mention	Have you ever claimed under your earlier travel policy? If yes, please give details under the section claimed.	Please mention the name, address and telephone no. of your family doctor and / or specialist

4 Payment Details

Kindly select one ☐ Cheque ☐ D.D./P.O. ☐ Cash Others _____

Cheque/D.D./P.O. no. _____ Dated

Bank Name _____

Premium Amount Rs. _____

In words _____

5 Bank Details of the Insured (In case of any dues from the company, the amount will be credited to this bank account)

Bank Name _____

Account Number _____

IFSC Code _____

Branch Name & Address _____

6 Declaration

Please let us know if the below statement is applicable to you :

"Have you ever been entrusted with prominent public functions, for example, Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials."

☐ Yes

☐ No

It is hereby declared that the person(s) will not be travelling against the advice of a physician, are not on the waiting list for any medical treatment, are not travelling for the purpose of obtaining medical treatment, have not received terminal prognosis for a medical Condition before the journey.

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 from insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.

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 the information provided by me will form the basis of 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 notify in writing any change occurring in the occupation or general health of the life to be insured/propose after the proposal has been submitted but before communication of the risk acceptance by the company.

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.

Data Privacy Notice:

I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information ("hereinafter cumulatively referred to as "INFORMATION"), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same.

I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Date: _____

Place: _____

Signature of the Proposer

7 Prohibition of rebates (section 41) of the Insurance Act 1938

1. 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 or 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 Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale. PF/STIF/THINQ/08-15. Insurance is the subject matter of solicitation.