

Bharti AXA General Insurance Company Limited

1800-103-2292 (Toll Free)
 customer.service@bharti-axagi.co.in
 SMS <SERVICE> to 5667700
 www.bharti-axagi.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** vertice 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 Inte	rmediary d	etails						
Intermediary/ Officer Name	Sales						Code	
2 Pro	poser's det	ails						
Name of the F	roposer							
Address								
Phone No.								
E-mail								
Occupation								
Passport No.				Date of Birth		M   M   Y   Y	YYY	
Departure Dat	e D   [	D   M   M   Y	YYYY	Arrival Date	DD	M M Y Y	ΥΙΥ	
Plan: Sin	gle Trip Plan	Annual	Multi Trip Plan					
Plan Type:	Individual		Family Floater					
Single Trips								
SmartTravelle	Basic	Si	martTraveller Regu	ılar		SmartTraveller	Essential	
SmartTravelle	Silver	Si	martTraveller Gold		9	SmartTraveller	Schengen	Silver
SmartTravelle	Schengen Gold	S	martTraveller Sche	engen Platinum				
Multi Trips								
Multi Trip Silve	er Mult	i Trip Gold	Multi Tri	p Platinum				
Maximum Nur	nber of days per	trip:						
Geographica	Coverage							
Worldwide inc	uding USA and C	anada	Asia excluding	gJapan	Worldwid	de excluding U	SA and Can	ada but including Japan
Is the Insured	a professional or	a semi prof	essional sportspe	rson Yes	No			
3 Ins	ured's Deta	ils						
SI. Fan No.	nily members Name	Gender	Date of Birth	Relations with the Propos	e	Passpo	ort No.	Nominee Name and Relationship

| from physical defe                                 | or have you<br>any illness /<br>up to the date of<br>sal or suffer   |  |               |   | Have you been<br>admitted to any hospital<br>/ nursing home / clinic<br>for treatment or |  |  |  |   |  | Are you currently or<br>in past have been on<br>any medications?<br>Please mention   |   |  |  |  |  
   
   |  | Have you ever<br>claimed under your<br>earlier travel policy?<br>If yes, please give   
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Dated       D.D./YYYYYYYY         Sank Details of the Insured       (In case of any dues from the company, the amount will be or         ne       Dated       Dated       Dated       Dated         Number       Dated       Dated       Dated       Dated       Dated         ame &amp;       Dated       Dated</td><td>ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       DIMMYYYYYY       Image: Dimensional control of the company of the company. The company of the compan</td><td>ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.M.M.Y.Y.Y.Y.Y       Main and the second secon</td><td>ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.M.M.Y.Y.Y.Y.Y       Maintain the second secon</td><td>ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.M.Y.Y.Y.Y.Y       Others         ne       Dated       D.D./R.O.       Cash       Others         Amount Rs.       Dated       D.D./R.O.       Cash       Others         Bank Details of the Insured (In case of any dues from the company, the amount will be credited to this       Interview         ne       Dated       Dated       Dated       Dated       Dated         Jumber       Dated       <td< td=""><td>ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.M.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.</td><td>ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.Y.Y.Y.Y.Y       Dated       D.D./Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y</td></td<></td></td<> | ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.M.YIYIYY       Dated         D.D./Ro. no.       Dated       D.D./M.M.YIYIYY       Dated         Amount       Rs.       Rs.       Reads       Reads       Reads         Amount       Rs.       Rs.       Reads       Reads | ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.YYYYYY       Dated       D.D./YYYYYYY         ne       D.D./RO.       Dated       D.D./YYYYYYYY         amount       Rs.       Rs.       Dated       D.D./YYYYYYYY         Sank Details of the Insured       (In case of any dues from the company, the amount will be or         ne       Dated       Dated       Dated       Dated         Number       Dated       Dated       Dated       Dated       Dated         ame &       Dated       Dated | ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       DIMMYYYYYY       Image: Dimensional control of the company of the company. The company of the compan | ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.M.M.Y.Y.Y.Y.Y       Main and the second secon | ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.M.M.Y.Y.Y.Y.Y       Maintain the second secon | ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.M.Y.Y.Y.Y.Y       Others         ne       Dated       D.D./R.O.       Cash       Others         Amount Rs.       Dated       D.D./R.O.       Cash       Others         Bank Details of the Insured (In case of any dues from the company, the amount will be credited to this       Interview         ne       Dated       Dated       Dated       Dated       Dated         Jumber       Dated       Dated <td< td=""><td>ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.M.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.</td><td>ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.Y.Y.Y.Y.Y       Dated       D.D./Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y</td></td<> | ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.M.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y. | ect one       Cheque       D.D./P.O.       Cash       Others         D.D./P.O. no.       Dated       D.D./M.Y.Y.Y.Y.Y       Dated       D.D./Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y |

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.



redefining / general insurance