

## Proposal Form for Reliance Travel Care Policy

Individual/Family/Senior Citizens/Asia/Students/Schengen/Annual

Proposal Form No: \_\_\_\_\_

- To be filled and signed by proposer
- This proposal shall be the basis of contract for Policy issuance.
- Reliance General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company commences only when this proposal is accepted by the Company and the premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

### Intermediary Details

Intermediary Name  Mr.  Mrs.  Ms.

Intermediary Code

Branch Name

Branch Code

Sales Manager Name  Mr.  Mrs.  Ms.

Sales Manager Code

### Proposer Details

- Name of the Proposer**  Mr.  Mrs.  Ms.
- Address
 

Flat/Building  Road/Street/Sector

Area  City

Pin Code  State  Country

Residence Number  Mobile

Gender  Passport No.

Pan card (Mandatory for premium above ₹ 50,000 and for Travel to Nepal / Bhutan)

UID Aadhaar No.  D.O.B

Email Id  Nationality

Source of Funds  Business  Profession  Salary  Agricultural Income  Savings  Others

Monthly Income  Upto ₹ 20,000  ₹ 20,001 to ₹ 50,000  ₹ 50,001 to ₹ 1,00,000  ₹ 1,00,000 and above

### Proposer's Bank Details

- Name of the Bank Account Holder  Mr.  Mrs.  Ms.
- Bank Account No.:
- Account:  Saving  Current
- Name of the Bank
- Branch
- MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
- IFSC Code (11 character code appearing on your cheque leaf)

I Wish:  Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.\*

\*As per IRDAI, its mandatory that all payments made to the insured only through electronic mode.

### Nomination Details

The nominee as declared hereunder shall become eligible for claim payment under the Policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.

Name of Nominee	D.O.B	Relationship with Proposer	Address of Nominee
<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>	<input type="text"/>	<input type="text"/>

An ISO 9001:2008 Certified Company

## Details of person(s) proposed to be insured

Section A : Personal Details					
Details		Member 1	Member 2*	Member 3*	Member 4*
Name	First name				
	Last name				
DOB		dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
Gender					
Passport No.					
Nationality					
Relationship with Proposer					

\*Applicable in case of Family Plan

Has any person to be insured been diagnosed/hospitalized/under any treatment for any illness / disease or injury during any time in past?  
If yes please select the disease / injury as mentioned below. If others, please specify

A. Diabetes (Not insulin based)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
B. Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
C. HIV/AIDS/STD	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
D. Liver disease(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
E. Leukaemia / malignant tumour	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
F. Cardiac ailments	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
G. Arthritis / Joint pain	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
H. Kidney Disease(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
I. Paralysis/Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
J. Congenital Disease(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
K. Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
L. Thalassaemia	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
M. Obstetrics/Pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
N. Neurological disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
O. Others (Please specify) Name of Illness / Injury				
Since	[mm/yyyy]	[mm/yyyy]	[mm/yyyy]	[mm/yyyy]
P. Does any person proposed to be insured smoke or consume tobacco or alcohol? If yes, please indicate	Yes / No	Yes / No	Yes / No	Yes / No

## Trip Details (Please select the plan of your choice)

- Individual  Standard  Silver  Gold  Platinum
- Senior Citizens (61-70)  Standard  Silver  Gold  Platinum
- Senior Citizens (71-80)  USD 15,000 (non medical)  USD 50,000 (non medical)  USD 50,000 (medical)
- Family  Standard  Gold
- Asia  Standard  Silver
- Students  Basic  Standard  Silver  Gold  Platinum
- Schengen  Basic  Standard
- Annual  Standard  Plus  Elite

Do you wish to opt for the add-on benefits under the Student Plan? (Applicable for Standard, Silver, Gold & Platinum Plan variants)  Yes  No  
If yes, do you also wish to opt for any of the following additional add-on benefits? (Applicable on a case to case basis & subject to underwriting approvals)

Chiropractic Treatment  Physiotherapy  Skilled nursing facility

Purpose of visit:  Personal business  Leisure  Study  Work  Employment



**Declaration & Warranty on Behalf of All Persons Proposer to be Insured**

- i. It is hereby declared that the person(s) (a) will not be traveling against the advice of a medical practitioner (b) are not on the waiting list for any medical treatment (c) are not travelling for the purpose of obtaining medical treatment (d) have not received a terminal prognosis for a medical condition before the journey
- ii. I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- iii. 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.
- iv. 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.
- v. 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.
- vi. 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.
- vii. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- viii. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- ix. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- x. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- xi. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xii. I hereby declare on my behalf & on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form 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.

**AML GUIDELINES**

- 1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- 2. I understand that the company has the right to call for document to established sources of funds.
- 3. the insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: \_\_\_\_\_ Date:  | d | d | m | m | y | y | y | y | Signature of the Proposer: \_\_\_\_\_

Vernacular Declaration stating that the contents of this proposal form have been read over & fully explained to me in \_\_\_\_\_ language. I further confirm & declare that contents read over & explained to me have been understood by me.

Signature/Thumb Impression of the Proposer: \_\_\_\_\_

Identified by Name & Signature : \_\_\_\_\_

Date:  | d | d | m | m | y | y | y | y | Place: \_\_\_\_\_

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.**

- 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 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.
- 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.

Reliance General Insurance Co. Ltd. Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400001.

Corporate Office: Reliance Centre, 4<sup>th</sup> Floor, South Wing, Near Prabhat Colony, Santacruz (East), Mumbai - 400 055.

IRDAI Registration No. 103. UIN: IRDA/NL-HLT/RGI/P-T/V.I/321/13-14

**Registered & Corporate office Address**

**Reliance General Insurance Company Limited.**

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For any assistance call **1800 3009** (toll free)