IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Overseas Travel Protector
UIN: IFFTIOP27045V012627

Proposal Form

DETAILS OF THE PROPOSER				
Name of the Proposer				
Communication Address	City:	State:	Pin:	
Permanent Address (if different from the Communication address)	City:	State:	Pin:	
E-Mail ID		Mobile No.		
Whether members of a family travelling together?	Yes____ No _____ If Yes, No. of members _____			
Emergency Contact Person Name, Address & Contact no. (in India)				
PAN				
GSTIN				

I want my policy related documents viz. Policy Schedule, Wordings etc. in:
Physical Format- Yes ☐ No ☐
e-Format (electronic) as & when applicable- Yes ☐ No ☐

☐ I have e Insurance Account & the No. is _____
☐ I am not having an e-insurance account & I authorize IFFCO-Tokio to open an e-insurance account.

Are You a Politically Exposed Person or related to PEP? {"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials"}	☐ Yes ☐ No

KYC Details (Please attach self-attested photo copies)

KYC Document Name	☐ AADHAR No. ☐ Voter ID card ☐ Passport ☐ Driving License ☐ NREGA Job card ☐ National Population Register Card ☐ PAN Card (mandatory where premium exceeds ₹ 10,000/-)
KYC Document Number/ CKYC Number	
To know Your CKYC No. Please give missed call on 7799022129	

DETAILS OF FAMILY MEMBERS PROPOSED TO BE INSURED						
PROPOSED INSURED MEMBERS	**1**	**2**	**3**	**4**	**5**	**6**
Name of the Proposed Insured Person (As per passport)						
Date of Birth (dd/mm/yyyy)						
Gender						
Relationship with the Proposer						

Passport No.						
Visa Type (Immigrant/Non-Immigrant)						
Country of Normal Residence						
Nationality						
Have you suffered from any chronic disease/ ailment/ disablement/ complaints suffered in past & since when?						
If Yes, please mention if the disease/ ailment/ disablement/ complaints suffered is fully cured.						
Please specify any specific medication prescribed to you.						

Note: In case any of the Insured member's address is different from the proposer, kindly mention the same in a separate sheet.

TRAVEL DETAILS				
1. Travel Details	**Specific Trip** Note: Specific Trip shall be offered for not more than 180 days.	**Destination Country(ies)**		
		Proposed Date of Departure from India (dd /mm /yy) _____		**Proposed Date of Return to India** (dd /mm /yy) _____
	Annual Multi-Trip Cover Note: Available for individuals of age 12 – 80 years (Please fill separate proposal form for each individual)	**Please select maximum duration of each trip**	**Age 12 – 70 years**	□ **30 days** □ **45 days** □ **60 days** □ **90 days** □ **120 days** □ **150 days** □ **180 days**
			Age 71 – 80 years	□ **30 days** □ **45 days**
		Policy Start Date (dd /mm /yy)		_____
2. Purpose of Visit	**Business** □ **Leisure** □ **Others (Please Specify) :**_____			

PLAN TABLE

Note:
1.Based on Your Age band, please tick the required Geographical scope, Plan name & sub-limit option.
In case, different plans are required by the family, please use separate proposal form(s).
2. In case, any Schengen country is included in the travel itinerary, Geographical scope of Worldwide (Excluding US/Canada) is not applicable.

Age Group	**Please tick required Geographical scope**	**Please Tick**	**Plan Name**	**Sub-Limit*** *(In case, any Schengen country is included in the travel itinerary, plans without sub-limits are applicable)*
3 months - 60 years	□ Worldwide (Including US/Canada) □ Worldwide (Excluding US/Canada) □ Schengen only □ Asia and Rest of World (excl US/Canada/Schengen)	□	Platinum 1000	□ Do you wish to opt out of sub-limit?
		□	Platinum 750	
		□	Platinum 500	
		□	Gold 500	
		□	Gold 250	
		□	Silver 100	
		□	Silver 50	

		□	Bronze 50 (Not available for US/Canada)	
		□	Bronze 25 (Not available for US/Canada/Schengen)	
61 years - 70 years	□ Worldwide (Including US/Canada) □ Worldwide (Excluding US/Canada) □ Schengen only □ Asia and Rest of World (excl US/Canada/Schengen)	□	Platinum 500	□ Do you wish to opt out of sub-limit?
		□	Gold 500	
		□	Gold 250	
		□	Silver 100	
		□	Silver 50	
		□	Bronze 50 (Not available for US/Canada)	
		□	Bronze 25 (Not available for US/Canada/Schengen)	
71 years - 80 years	□ Worldwide (Including US/Canada) □ Worldwide (Excluding US/Canada) □ Schengen only □ Asia and Rest of World (excl US/Canada/Schengen)	□	Senior 50	□ Do you wish to opt out of sub-limit?
		□	Senior 100	
Above 80 years	□ Worldwide (Including US/Canada) □ Worldwide (Excluding US/Canada) □ Schengen only □ Asia and Rest of World (excl US/Canada/Schengen)	□	Super Senior 50	□ Do you wish to opt out of sub-limit?

Do you wish to add Adventure Sports? (Applicable for Platinum 1000,Platinum 750 and Bronze 25 only) :_____(Yes/No)

***Sub-limits applicable are as per the below table.**
(You can opt out of Sub-limits in the above table, by paying additional premium ,however, please note sub-limit on pre-existing Illness cannot be opted out)

Sub-limits applicable on IPD Treatment & Day Care Treatment & OPD	Bronze 25, Bronze 50, Silver 50, Silver 100, Senior 50, Senior 100, Super Senior 50	Gold 250	Gold 500, Platinum 500, Platinum 750	Platinum 1000
Hospital Room Rent and Boarding expenses	USD 1500 Per Day up to 30 Days	USD 1750 Per Day up to 30 Days	USD 2000 Per Day up to 30 Days	USD 2500 Per Day up to 30 Days
Emergency Room Services	USD 1500	USD 1750	USD 2000	USD 2500
ICU Charges	USD 3000 Per Day up to 7 Days	USD 3250 Per Day up to 7 Days	USD 3750 Per Day up to 10 Days	USD 4000 Per Day up to 10 Days
Surgical Treatment Expense	USD 12500 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 13000 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 15000 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 22500 for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services
Physician Consultation Charges	USD 125 Per Day up to 10 visits	USD 175 Per Day up to 10 visits	USD 250 Per Day up to 10 visits	USD 350 Per Day up to 10 visits
Diagnostic Tests	Up to USD 750	Up to USD 1000	Up to USD 1500	Up to USD 2500
Ambulance Service (Not applicable for OPD)	Up to USD 500	Up to USD 600	Up to USD 750	Up to USD 1000
Pharmacy	Up to USD 2000	Up to USD 2000	Up to USD 2000	Up to USD 2000

Miscellaneous Expenses	Up to USD 500	Up to USD 500	Up to USD 500	Up to USD 500
Cases with package rates where individual line item billing are not available, the below shall be paid				
Non Surgical	USD 13000	USD 15000	USD 17500	USD 20000
Emergency Room Services	USD 27500	USD 30000	USD 35000	USD 45000

Risk Location details for Fire and/or Burglary Section

Address **City:** **State:** **Country:** **Pin Code:**	 _____ _____ _____ _____

NOMINATION:

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee proposed in this form and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. If only one nominee is mentioned insurer will consider his/her share as 100%.
The following section is to be filled by the proposer:

Description	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
Relationship with Proposer			
Communication Address			
Permanent Address (if different from the Communication address)			
E-mail ID			
Phone No.			
Percentage (%)			
Bank Account Details Account Number IFSC			
Guardian Details (if Nominee is minor) Name of Guardian: Address: Phone No:			

BANK ACCOUNT DETAILS FOR REFUND/SETTLEMENT OF CLAIM:

All settlements for Refund/Claims shall be made in my bank account whose details are provided below
Note:Please provide the following bank details and a copy of Cancelled Cheque for direct credit of refund/ claim into your bank account:(Cancelled Cheque should be of the same bank account in which the refund/ claim proceeds needs to be credited directly.) Name as per Bank Account and name of the Proposer shall match and details of third party Bank Account shall not be provided.)

Name of Accountholder	
Bank Name	
Branch Name	
Bank Account No	
IFSC Code	

Declarations:

1. I/We will not be travelling against the advice of a physician.
2. I/We are not on the waiting list for any medical treatment.
3. I/We will not be travelling for the purpose of obtaining medical treatment.
4. I/We have not received a terminal prognosis for a medical condition before this day.
5. I/We are in good health and fit to travel.
6. I/We 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 IFFCO-Tokio General Insurance Co. Ltd. (herein after referred as "**IFFCO-Tokio**") and that the policy will come into force only after full payment of the premium chargeable.
7. I/We further declare that I 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 IFFCO-Tokio.
8. I/We declare that I consent to IFFCO-Tokio seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
9. I/We authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."
10. I/We, hereby declare and warrant that the above statements are true and complete. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is affected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.
11. I/We have read the prospectus/sales literature and am/are willing to accept the coverage subject to the terms, conditions and exceptions prescribed by IFFCO-Tokio therein. The policy Coverage, Rates, terms & Conditions have been explained to me/us in my/our language and have been understood by me/us.
12. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my/our application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and IFFCO TOKIO GENERAL INSURANCE CO LTD and I agree to accept a policy, subject to the conditions prescribed by IFFCO TOKIO GENERAL INSURANCE CO LTD. I further certify that the replies in the Proposal Form have been recorded as per the information provided Proposal Form by me.
13. I, on my behalf and on behalf of all the persons proposed to be insured, hereby further authorize IFFCO-Tokio to share information pertaining to my proposal including the medical records of the person to be insured/ proposer for the sole purpose of evaluating and underwriting the proposal and issuing insurance policy and/or claims settlement with the Surveyors/ Investigators/Intermediary/Service Provider/TPA//Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, as may be required for effective discharge of obligations as an Insurer and I understand that this proposal form is a valid consent from my side for sharing my personal data with above named third parties in connections or furtherance of this policy/claim.
14. ** I am submitting my Aadhar Card/Aadhar Number (including Virtual ID, e-Aadhaar) voluntarily for KYC and I understand that use of Aadhaar is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card/ CKYC Number may also be submitted for KYC. I hereby further authorize IFFCO-TOKIO to download/update/upload my particulars from/to CKYC Registry, based on CKYC no./ Other KYC documents provided by me.

15. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

16. If after the insurance is affected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.

17. 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. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

☐ 18. I agree IFFCO-Tokio to call, and send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry.

19. **Vernacular/Disability Declaration**

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below consent must be witnessed by someone other than the Agent/ Intermediary/Employee of the Company).

I/We certify that the product applied by me/us and the contents of the Proposal Form have been clearly explained to me and I have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me.

I, _____(Full name of the witness), _____(Relation with the Proposer) adult and inhabitant of (city) and residing at_____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from IFFCO-TOKIO General Insurance Co. Ltd.., to the Proposer and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

☐ 20. **ASBA Declaration (Applicable for Proposers choosing UPI Payment Mode)**

I hereby accord my consent to authorise IFFCO Tokio General Insurance Company Limited to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount.
(ASBA - Applications Supported By Blocked Amount)

_____	_____
Signature/Thumb Impression of Proposer	Signature of the witness
_____	_____
Name of Proposer:	Name and address of the witness

Date:

Place:

NOTE:

- Please fill in the proposal for carefully and answer all the questions honestly.
- Please do not leave any question blank or write "-". This will only be construed as a "No" or "NIL" (or similar) declaration from the Insured.
- Incorrect or non-disclosure of facts will make the contract void and all the benefits under the policy including the premium paid shall be forfeited.
- Insurance Company reserves the right to seek additional information, diagnostic reports, Certificate from a doctor etc any time before the acceptance of the proposal / inception of cover.
- Acceptance of the proposal is purely at the discretion of Insurance Company.
- Insurance company may accept the proposal at revised terms and / or rates. In such case the Insured reserves the right to decline before commencement of policy.
- Submission of this proposal does not entail the proposer any rights. Our liability commences only after the proposal is accepted by Us, payment of premium before commencement of risk and/or the date of inception of risk mentioned in the policy (whichever is later).

PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:

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 except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to ten lakh rupees.

Agent's declaration

I, _____ (Full Name) in the capacity of Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained (in vernacular/local language as well) to the proposer all the contents of this Proposal Form including the nature of the question(s), statement(s), information and response(s) submitted by him/her. Any detail submitted through this proposal form will be considered as the basis of the Contract of Insurance between the Insurer and the Proposer, subject to the acceptance of the proposal. I have further explained that in case of any untrue statement(s)/information/misrepresentation is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to reject the proposal or limit benefits under the policy at its sole discretion. Also, in case of non-disclosure of any material fact, the policy issued to his/her favour based on the Proposal form may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited by the company.

Signature of the Advisor/Corporate Agent/Broker/Relationship Officer)

License No. and Agency Code/Broker Code/ Employee No. _____

Date: Place: Signature of Agent

For Office Use Only	**SBU/LSC/BIMA KENDRA CODE:** _____

Checklist:

Date of Acceptance:	
Medical Reports attached Yes☐ No ☐	
Approving Authority(SBU/ Regional Office/ Corporate Office)	
Approval /E-mail Approval attached Yes☐ No ☐	

Name of the Accepting Officer	**Signature of the Accepting Officer**

PAYMENT DETAILS:					
Mode of payment.	☐ CHEQUE ☐ DD No. ☐ CREDIT CARD ☐ DEBIT CARD ☐ UPI ☐ CASH				
Amount in figures		Amount in words_____			
Bank Name		Branch		City	
Cheque /DD No		Cheque/DD Date			
Name of Premium Payer		Relation to Proposer			
Credit/Debit Card Type:	☐ MASTER ☐ VISA ☐ AMERICAN EXPRESS ☐ OTHERS				
Credit/Debit Card No		Holder Name			
Expiry Date: DD/MM/YY:					