



# IFFCO-TOKIO General Insurance Company Limited

## PRAVASI BHARATIYA BIMA YOJNA

### PROPOSAL FORM

**Important: This proposal for insurance will be the basis of any subsequent Policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your Policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this Form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this Form and return it to us.**

#### PLEASE ANSWER EVERY QUESTION AND FULLY

(This insurance does not commence until the proposal is accepted and premium paid)

Your (Proposer) Name			
Your (Proposer) Address		Pin code: <input type="text"/>	
Telephone Number			
Date of Birth		<u>DD / MM / YYYY</u>	
Passport Number			
Passport issue date	<u>DD / MM / YYYY</u>	Date of expiry	<u>DD / MM / YYYY</u>
Name of Nominee/Assignee			
Relationship with the Nominee/Assignee			
Address of the Nominee/Assignee		Pin Code: <input type="text"/> Tel: <input type="text"/>	
Sponsor/Company/Employer Name			
Sponsor/Company/Employer Address			
Destination country/country of employment			
Occupation and designation of the job for which the Emigrant is going abroad.			
Details of Work Permit			
Do you have any existing disability? If yes, please give details.			
Are you suffering from any disease? If yes, please give details including the names of medicines being taken.			
Have you been hospitalized in the past 3 years. If so please give details.			
Please give the name and address along with telephone number of your family doctor.			

Period of insurance cover required					
Details of Family members: Please give name of spouse (upto 60 years) and maximum two children (upto 21 years) who have to be covered for Hospitalisation Expenses covered under Section 3 Part C.					
<b>Spouse:</b>		<b>Child 1:</b>		<b>Child 2:</b>	
Name:		Name:		Name:	
Date of Birth:	<u>DD / MM / YYYY</u>	Date of Birth:	<u>DD / MM / YYYY</u>	Date of Birth:	<u>DD / MM / YYYY</u>
Existing illness, if any:		Existing illness, if any:		Existing illness, if any:	

I 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 application for insurance for myself or the other persons to be insured 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/or the other persons to be insured and Iffco Tokio General Insurance Co. Ltd. and I/ we and/or the other persons to be insured agree to accept a Policy, subject to the conditions prescribed by IFFCO TOKIO GENERAL INSURANCE COMPANY LTD. I consent and authorise IFFCO TOKIO GENERAL INSURANCE COMPANY LTD. to seek medical information from any hospital/ medical practitioner who has at any time attended or may attend concerning any disease or illness which affects our physical or mental health.

I also understand the following:

1. This Policy is available only to valid Indian passport holders who require Emigration Check and this requirement is endorsed in the passport.
2. This Policy does not cover any pre-existing medical conditions that are declared or undeclared.
3. This Policy does not cover any claim/benefit/expense if there is any change in profession, employer or country of employment.

Place: \_\_\_\_\_

Date: DD / MM / YYYY

Signature of the Proposer

#### ASSIGNMENT

I ..... do hereby assign the money(s) payable by the Iffco Tokio General Insurance Company Limited in the event of my death due to accident to my (relationship).....Shri/Smt.....  
 .....(name and address)

and I further declare that his/her receipt shall be sufficient discharge to the Company.

Place: \_\_\_\_\_

Date: DD / MM / YYYY

Signature of the Proposer

#### Section 41 of Insurance Act, 1938

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 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.

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: DD / MM / YYYY

Place: \_\_\_\_\_

Signature of Insured Person