

## **Travel Infinity- Proposal Form**

Emergency Dental Treatment

Emergency Medical Evacuation

Accidental Death

Proposal Form Filling Instruction 1. Kindly fill in the form in CAPITAL LETTERS only. 2. Please select the option by ticking the relevant box in the Proposal Form. 3. This proposal form is to be filled, dated, signed and sealed in by the Proposer/ its authorized representative only. 4. It is essential to provide all information / details asked in this proposal form. All questions are required to be answered fully and correctly. 5. Please use additional sheet in case the space in the proposal form is not sufficient to fill in the details. 6. Please strike off whichever is not opted.

1- PROPOSER DETAILS	
Name FIRST NAME MIDDLE NA	ME LAST NAME
Proposer's Trade/Business	
Key Contact Person	
Designation	
Address for Correspondence	
City District	
State	Pin-code
Email Id	
Alternate Number	Mobile.
PAN No. GST No.	
CKYC Number Do You want Physica	al Copy of the Policy Kit? Yes No
2- COVERAGE DETAILS	
a. Policy Period	
Proposed Policy Start Date D D M M Y Y Y Y P	y End Date (Midnight)
b. Number of persons to be insured	
c. Categories of proposed insured (Add more categories if needed) - brief description	n for e.g. senior management, middle management)
A. Cat 1	
B. Cat 2	
C. Cat 3	
D. Cat 4	
E. Cat 5	
d. Is selection of coverage involved e. Is the prem	nium paid by the member
f. Premium Payment Frequency	
g. Free look period	
h. Please provide the details of benefits opted for all members:	
(All Sections are optional. Please select only the required section)	starawi 2 Catagowi 7 Catagowi 4 Catagowi 5
	ategory 2 Category 3 Category 4 Category 5
Number of proposed insured	
Benefits  Franciscopy In patient Medical Treatment	
Emergency In-patient Medical Treatment	
Emergency Outpatient Medical treatment with OPD	
Emergency Outpatient treatment (OPD)	
Road Ambulance Cover	

	Category 1	Category 2	Category 3	Category 4	Category 5
Permanent Total Disability (PTD)					
Permanent Partial Disability (PPD)					
Accidental Death-Common Carrier					
PTD - Common Carrier					
PPD - Common Carrier					
Repatriation of Mortal remains					
Personal Liability					
Hijack Distress Allowance					
Compassionate Visit					
Adventure Sport					
Sports Activity coverage					
Loan Protector					
Bail Bond					
Waiver of Deductible					
Optional Co-Payment					
Home to Home					
Identity Theft					
Medical Sum Insured replenishment in case of hospitalization due to accident					
COVID Cover					
Psychiatric Counseling					
Physiotherapy					
Kidnap distress allowance					
Tele Medical Consultation					
Total Loss of Checked-in Baggage					
Delay of Checked-in Baggage					
Sports Equipment Hire					
Rented sports equipment damage or loss					
Sports Equipment Cover					
Loss of laptop, tablet, mobile phone, camera					
Mugging Benefit					
Lifestyle Support (Modifications Made at Home/Vehicle)					
Loss of baggage and Personal Belongings					
Key Replacement					
Cruise cover					
Trip Delay					
Trip Cancellation					
Trip Interruption					
Missed Connection					
Bounced Booking - Hotel/Common Carrier					
Emergency trip Extension					
Up-gradation to Business class					
Political and Catastrophic Evacuation					

					Category 1	Category 2	Category 3	Category 4	Category 5
Emergency	Accommodat	tion Coverage							
Flight Delay									
Mobility Aid	s Allowance								
Missed Depa	arture								
Terrorism co	over								
Loss of Iden	tity documer	nts							
Change Fee	Coverage								
Carrier Cand	cellation								
Flight Divers	sion								
All Risk Can	cellation								
Trip Cancella	tion due to Do	omestic Distur	pances and Inc	onvenience					
Search and	rescue expen	ses							
Loss of Dep	osit on Cance	ellation (Hotel	& Common C	arrier)					
Travel Loan	Secure								
Legal Expen	ises								
Details of In	sured Person	s: (Please att	ach a separate	sheet if rea	uired):				
Member's Unique ID	Category	Names of the Insured	Date of Birth or Age	Gender	Relationship with Primary Insured	Designation/ Occupation	Any existing Illness	Nominee/App (if nominee is le of age)	ss than 18 years
					a			Address, mobile	
								number and ema ID of Nominee	
								number and ema	
								number and ema	
								number and ema	

I. Entry Age:

III. Others

II. Operative Time:

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Policy Period From - To	Name of the Insurer	Policy number	Number of members covered	Total premium (Rs.)	Total amount of claims (Paid + Outstanding) (Rs.)

## 4- DECLARATION:

a. 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/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorized to propose on behalf of these other persons.

	h shares and a second share a
b.	I/We understand that the information provided by me/us 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.
C.	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.
d.	I/we declare and further consent to the Company 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.
e.	I/We authorize the Company to share information pertaining to my / our 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 and/or our empaneled provider.
Da	ted: Place Signature of the Proposer
5-	PROPOSER DECLARATION:
Th	ertification where for any reason, the proposal form and other connected papers are not filled in by the prospect). e contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of e proposed contract. The Proposal Form is filled by under my instruction and I found it to be correct.
	Signature of Proposer
6-	VERNACULAR DECLARATION:
	rtification in case the Proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the Company). e content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.
Na	me of the Witness:
Si	gnature of the Witness ———————————————————————————————————
	STATUTORY WARNING:  Signature of the Declarant ————————————————————————————————————
7-	
7-	STATUTORY WARNING:
<b>7- Pr</b> a.	STATUTORY WARNING:  chibition of Rebates (Section 41 of the 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 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,
b.	STATUTORY WARNING:  chibition of Rebates (Section 41 of the 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 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.  Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh Rupees.  claimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company hited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa alth Insurance Company Limited under license. Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024; Fax: + 911 41743397; Customer pline: 1860-500-8888; www.nivabupa.com.CIN: U66000DL2008PLC182918. Product Name: Travel Infinity, Product UIN: NBHTGBP22011V012223. Please d sales brochure carefully before concluding a sale.
b.	STATUTORY WARNING:  Chibition of Rebates (Section 41 of the 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 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.  Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh Rupees.  Claimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company inted) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa alth Insurance Company Limited under license. Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024; Fax: + 91 11 41743397; Customer pline: 1860-500-8888; www.nivabupa.com.CIN: U66000DL2008PLC182918. Product Name: Travel Infinity, Product UIN: NBHTGBP22011V012223. Please
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Neither the submission to Us of a completed proposal for insurance nor any payment for any policy sought obliges Us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment, if any, received from you without interest

Signature of the receiver and of	fficial seal
Signature of the receiver and or	miciai scai