

	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 Accommodation Coverage					
Flight Delay					
Mobility Aids Allowance					
Missed Departure					
Terrorism cover					
Loss of Identity documents					
Change Fee Coverage					
Carrier Cancellation					
Flight Diversion					
All Risk Cancellation					
Trip Cancellation due to Domestic Disturbances and Inconvenience					
Search and rescue expenses					
Loss of Deposit on Cancellation (Hotel & Common Carrier)					
Travel Loan Secure					
Legal Expenses					

i. Details of Insured Persons: (Please attach a separate sheet if required):

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/Appointee Name (if nominee is less than 18 years of age) Details	
								Address, mobile number and email ID of Nominee	Relation with Insured Person

j. Any additional information material to assumption of risk:

k. Special conditions:

I. Entry Age: II. Operative Time: III. Others

3- PAST INSURANCE POLICY DETAILS: (Up to last 3 years if applicable)

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:

- 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.
- 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.
- 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.
- 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.
- 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.

Dated: _____ Place _____ Signature of the Proposer _____

5- PROPOSER DECLARATION:

(Certification where for any reason, the proposal form and other connected papers are not filled in by the prospect).
The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by _____ under my instruction and I found it to be correct.

Signature of Proposer _____

6- VERNACULAR DECLARATION:

Certification in case the Proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the Company).
The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.

Name of the Witness: _____

Signature of the Witness _____ Signature of the Declarant _____

7- STATUTORY WARNING:**Prohibition 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.

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Acknowledgement

We acknowledge with thanks the receipt of your proposal and amount by Cash/Cheque/Demand Draft/Others
_____ of amount of Rs _____ dated ___/___/___ drawn
on _____

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 official seal _____