Downloaded from www.vibhutiinsurance.com - Broker: Vibhuti Insurance Brokers Pvt Ltd.

Easy Travel Insurance

First Name



Proposal Form

Proposer: (Mr./Ms./Mrs.)

Address:

10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002

Application No ·		

Last Name

We are under no obligation to accept any proposal for insurance. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realised. Please fill-up this form in CAPITAL LETTERS.

PROPOSER DETAILS

Middle name

City/Town:													1	Dist	rict:																		
State:																									F	IN Co	ode	:					
E- Mail:																																	
Contact det	ails (India	a):											(Cont	tact d	etail	ls (C)ver	seas	s):													
Nationality	:																																
Profession	:	Salari	ed 🗆	l	S	elf E	Emplo	oyec				Otl	ners				Det	tails															
Occupation (nature of	duties):																														
PLAN DETA	ail(s) (f	Please r	efer t	o th	e bro	ochu	ıre fo	r de	etails	of I	ben	efits	unde	er pl	lans 8	& sel	lect	the	app	ropria	ite o _l	otio	n bel	ow)									
Type:	Individ				Fami	•]						izen							lti-trip	30	day	s 🗆						lti-tri		0 da	ys C]
Plan:	Platinu				Gold				_		lver		_	_				nze						_		Asi	an I	Regi	on E]			
Geography:	Worldv	vide \square			Worl	dwic	de ex	cluc	ding	USA		Cana	ada E]			Asi	a Pa	acific	c excl	udiną	j Ja	pan										
Proposed Po	licy Perio	d :		ı	From	D	D	М	М	Υ	Υ	Υ	Υ	Го	DI)	1 1	4 Y	Υ	Υ	Υ												
PROPOSEI	INSUR	ED(S)	DET	AIL	S: N	ame	e of th	he p	erso	ns p	prop	ose	d to b	e ir	nsure	d (in	clud	ding	Pro	poser)												
S Mr./Ms./Mrs. Nat						Name of the person to be insured										the					Relationship to the Proposed Insured			Gender* M/F			Date of Birth				Passport Number		
1																																	
2																																	
3								_																									
4					\sqcup		+																			-							
5		+				+	+	+	+		\vdash		+	+	-	Н		-								+							
*Gender code	I III M (Male), F	Femal	 e)													Ш		Ш															
NOMINEE In the event of give below the	of the dea	th of an																															
N	lominee l	Name			Re	elatio	onshi	p to	the	Pro	pos	ed li	nsure	d							Α	ddre	ess c	f th	e No	mine	е						
Is the proposinsurance co	er or any	of the	perso	ons																												r an	y othe
Policy No.	/ Applica	tion No			ı	Insu	rer					ı	Fı	om	(Date)							То	(Da	te)	1			\perp	Su	ım Ir	sure	ed
										-	D	D		M	М		Υ		Υ	D	[)	М		М	Y		Υ	\bot				
										I	D	D		М	М		Υ		Υ	D	-)	М		М	Υ		Υ					
										I	D	D		М	М		Υ		Υ	D)	М		М	Υ		Υ					
MEDICAL & Are You suffe disorders of of any kind, disorder, urin If Your answer	ering fror the spina hemorrh nary disor	n or ha I cord o oids, h der, va	ive Yo or vert emato ricose	u ev tebra olog e vei	ver s al co ical ins o	uffei lumi (bloo r an	red fi n like od) d y dis	rom e slip isor eas	any ppec der, es o	of t I dis mei r inji	the c et ntal ury	follo c, di con requ	wing sorde	(ple ers o	ease of the ervou	enci stoi s di	rcle mac sorc	e): ai ch / der,	rthrit large fain	tis, all e or si ting e	ergie nall piso	es, c inte	circu stine	lato , hiç	ry di gh bl	sorde ood p	er, c	cance ssure	er of e, hea	any art c	ondi	tion,	hernia

Downloaded from www.vibhutiinsurance.com - Broker: Vibhuti Insurance Brokers Pvt Ltd.

Easy Travel Insurance



Proposal Form

10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002

PAYMENT DETAILS					
Instrument type Cash/Cheque/Debit/Cred	it Card/ Others	Instrument No.	Bank Details	Date	Amount (in Rs)
Section 41 of Insurance Act 1) No person shall allow or of risk relating to lives or properson taking out or renewir	1938 (Prohibition of R offer to allow either di operty in India any reb ng or continuing a poli	irectly or indirectly as an indi pate of the whole or part of th icy accept any rebate except	ucement to any person to t le commission payable or a such rebate as may be allo	take out or continue an any rebate of premium s owed in accordance wi	n insurance in respect of any kind shown on the policy nor shall any ith the prospectus or tables of the extend to five hundred rupees.
ADDITIONAL INFORMATI			•		-
[If there is insufficient space to	provide additional relev	rant information, whether as requ	iested or otherwise, please atta	ach a separate sheet to th	nis proposal and return it to us.]
GENERAL EXCLUSIONS					
following unless expressly stacommit a criminal or unlawfu intoxicants or hallucinogenic suicide; obesity/morbid obesi virus), venereal disease, sexu in the case of ectopic pregna convenience items, vitamins station consultations and refethe provision or fitting of hearitest strips, and similar produc condition, cancer, orthopedic internal or external disease.	nt for any claim in restated to the contrary in all act; participation or is substances such as dity and any weight con ually transmitted disea ancy; non allopathic trand tonics; treatments and tonics; treatments in gaids, spectacles or cts; any treatment that, degenerative or oncol	pect of any Insured Person dii this Policy: War, war like oper involvement in naval, military rugs and alcohol; treatment on itrol program; "AIDS" (Acquire ase; pregnancy (including volu- reatment; charges related to s rendered by a Medical Prac- by a Medical Practitioner who contact lenses including optor t is not medically necessary; logy diseases unless to save li	rations; nuclear weapons/ma or air force operation or an f nicotine addiction or any o d Immune Deficiency Syndra untary termination), miscarr a Hospital stay not express titioner which is outside his shares the same residence metric therapy; any treatmen where purpose of travel is to fe in an unforeseen emergen	naterials radiation of any hy hazardous; abuse or other substance abuse; frome) and/or infection wriage (except as a result sively mentioned as being discipline or the disciplation as an Insured or a memoral and associated expension obtain medical treatmency or to relieve acute parts.	any way attributable to any of the kind; committing or attempting to the consequences of the abuse of intentional self injury or attempted with HIV (Human immunodeficiency lit of an Accident or Illness) excepting covered; Personal comfort and poline for which he is licensed; out there of an Insured Person's Family uses for alopecia, baldness, diabetic nent; treatment of any pre-existing ain; cosmetic treatment; congenitated to be insured that may affect out
decision to issue a policy or it	ts terms. Non-compliar	icy that we may issue. You mu nce may result in the avoidand neet. If you are in doubt, pleas	ce of the policy. If there is ins	sufficient space for you	d to be insured that may affect ou to provide information, whether as
DECLARATION & WARRA	ANTY ON BEHALF (OF ALL THE PERSONS PE	OPOSED TO BE INSUR	ED	
true and complete in all I understand that the inf company and that the p I / We further declare that	respects to the best of formation provided by olicy will come into fo				
I/We declare and conse from any past or present from any insurance con proposal and/or claim s	before communication to the company so the temployer concerning appany to which an appetitement. If We authors are the communication of the company to which are appetited as the communication of the company of	me will form the basis of ins orce only after full receipt of the iting any change occurring in on of the risk acceptance by the eeking medical information for granything which affects the proposition for insurance on the	Ve am/ are authorized to pro- urance policy, is subject to he premium chargeable. the occupation or general h- he company. rom any hospital who at any hysical and mental health o he life to be assured/ propo information pertaining to i	the Board approved un nealth of the life to be ins ytime has attended on of the life to be assured/ oser has been made for my proposal including	and/or particulars given by me are se other persons. Inderwriting policy of the Insurance sured/ proposer after the propose the life to be insured/ proposer of /proposer and seeking information rethe purpose of underwriting the medical records for the sole
I/We declare and conse from any past or present from any insurance con proposal and/or claim s	before communication to the company so temployer concerning an appany to which an appettlement. I/ We auth derwriting and/or clain	me will form the basis of ins orce only after full receipt of the iting any change occurring in on of the risk acceptance by the eeking medical information for granything which affects the proposed on the population for insurance on the inorize the company to share one settlement and with any Grange of the orize the company to share	We am/ are authorized to pro- urance policy, is subject to the premium chargeable. the occupation or general h- the company. rom any hospital who at any thysical and mental health o the life to be assured/ propo- information pertaining to a dovernmental and/or Regula	the Board approved un nealth of the life to be ins ytime has attended on of the life to be assured/ oser has been made for my proposal including	se other persons. Inderwriting policy of the Insurance sured/ proposer after the proposer the life to be insured/ proposer of proposer and seeking informatio or the purpose of underwriting th the medical records for the sol
☐ I/We declare and conse from any past or present from any insurance con proposal and/or claim s purpose of proposal und	before communication to the company so temployer concerning an appany to which an appettlement. I/ We auth derwriting and/or clain	me will form the basis of ins orce only after full receipt of the iting any change occurring in on of the risk acceptance by the eeking medical information for anything which affects the poplication for insurance on the norize the company to share has settlement and with any G	We am/ are authorized to pro- urance policy, is subject to the premium chargeable. the occupation or general h- he company. rom any hospital who at any hysical and mental health o he life to be assured/ propo- information pertaining to a covernmental and/or Regular	the Board approved un nealth of the life to be ins ytime has attended on of the life to be assured/ oser has been made for my proposal including atory Authority.	se other persons. Inderwriting policy of the Insurance sured/ proposer after the proposer the life to be insured/ proposer of proposer and seeking informatio or the purpose of underwriting th the medical records for the sol
□ I/We declare and conse from any past or present from any insurance con proposal and/or claim's purpose of proposal und Signature of the Proposer: □ Date: Place:	before communication to the company so temployer concerning an appany to which an appettlement. I/ We auth derwriting and/or clain	me will form the basis of ins orce only after full receipt of the iting any change occurring in on of the risk acceptance by the eeking medical information for anything which affects the poplication for insurance on the norize the company to share has settlement and with any G	We am/ are authorized to pro- urance policy, is subject to the premium chargeable. the occupation or general h- the company. rom any hospital who at any thysical and mental health o the life to be assured/ propo- information pertaining to a dovernmental and/or Regula	the Board approved un nealth of the life to be ins ytime has attended on of the life to be assured/ oser has been made for my proposal including atory Authority.	se other persons. Inderwriting policy of the Insurance sured/ proposer after the proposer the life to be insured/ proposer of proposer and seeking information or the purpose of underwriting the the medical records for the sol
☐ I/We declare and conse from any past or present from any insurance con proposal and/or claim s purpose of proposal und Signature of the Proposer:	before communication to the company so temployer concerning in appropriate the company so temployer concerning in a posttlement. If we authory derwriting and/or claim	me will form the basis of ins orce only after full receipt of the iting any change occurring in on of the risk acceptance by the eeking medical information for anything which affects the poplication for insurance on the norize the company to share has settlement and with any G	We am/ are authorized to pro- urance policy, is subject to the premium chargeable. the occupation or general h- he company. rom any hospital who at any hysical and mental health o he life to be assured/ propo- information pertaining to a covernmental and/or Regular	the Board approved un nealth of the life to be ins ytime has attended on of the life to be assured/ oser has been made for my proposal including atory Authority.	se other persons. Inderwriting policy of the Insurance sured/ proposer after the proposer the life to be insured/ proposer of proposer and seeking information or the purpose of underwriting the the medical records for the sol