

## Reliance Travel Care Policy-Corporate Annual Plan Proposal Form for Individual Employee

### Intermediary Details

Intermediary Name \_\_\_\_\_ Code \_\_\_\_\_  
Branch Name \_\_\_\_\_ Code \_\_\_\_\_  
Sales Manager Name \_\_\_\_\_ Code \_\_\_\_\_

### Proposer Details

Name of the Proposer M/s \_\_\_\_\_  
Address of the Proposer \_\_\_\_\_  
Flat Building \_\_\_\_\_ Road/Street/Sector \_\_\_\_\_  
Area \_\_\_\_\_ Taluka/Village/City \_\_\_\_\_  
District \_\_\_\_\_ Pin Code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_  
Tel No. (office) \_\_\_\_\_ Fax Number \_\_\_\_\_  
Website \_\_\_\_\_ Email Id \_\_\_\_\_  
Contact Person \_\_\_\_\_ Designation \_\_\_\_\_  
Description of Business \_\_\_\_\_

### Insured Person Details

Name of the Insured Person  Mr.  Ms. [ F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ L A S T \_\_\_\_\_ ]  
Date of Birth [ d d | m m | y y y y ] \_\_\_\_\_ Passport Number \_\_\_\_\_  
Designation \_\_\_\_\_  
Office Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Email id \_\_\_\_\_ Emp Code \_\_\_\_\_

### Medical History Details

Does the Insured Person suffer from any pre-existing illness/condition/injury?  Yes  No  
If yes, please mention the details of the pre-existing illness/condition/injury \_\_\_\_\_  
Suffering since ( Duration ) \_\_\_\_\_ Under Medication ?  Yes  No

### Family Physician Details (Please fill in the following details about your family physician)

Name Dr [ F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ L A S T \_\_\_\_\_ ]  
Address \_\_\_\_\_  
Flat Building \_\_\_\_\_ Road/Street/Sector \_\_\_\_\_  
Area \_\_\_\_\_ Taluka/Village/City \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_  
Pin Code \_\_\_\_\_ Fax No. \_\_\_\_\_  
Tel No. \_\_\_\_\_

Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

### Acknowledgement (On behalf of Reliance General Insurance)

Received from  Mr.  Ms.  M/s. [ F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ L A S T \_\_\_\_\_ ]  
Cheque Number \_\_\_\_\_ Dated [ d d | m m | y y y y ] \_\_\_\_\_  
drawn on \_\_\_\_\_ Bank for a sum of Rs. \_\_\_\_\_ towards \_\_\_\_\_  
Premium for Reliance Travel Care Insurance \_\_\_\_\_  
Intermediary Name \_\_\_\_\_ Intermediary Code \_\_\_\_\_  
Branch Name \_\_\_\_\_ Branch Code \_\_\_\_\_

Signature of the Intermediary/Authorised Representative of the Company

## Home Details (Please fill in the following details, if the plan opted includes the home burglary cover)

Address of the home to be covered under Home Burglary Insurance

Flat Building \_\_\_\_\_  
Road/Street/Sector \_\_\_\_\_  
Area \_\_\_\_\_ Taluka/Village/City \_\_\_\_\_  
District \_\_\_\_\_ Pin Code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_

## Plan Details

Are you visiting USA / Canada?  Yes  No Plan Variant Opted  Standard  Plus  Elite  
Number of days per trip  30 days  45 days

## Policy Details

Policy Start Date  | d | d | m | m | y | y | y | y | Policy End Date  | d | d | m | m | y | y | y | y |

## Payment Details

Cheque  DD  
Cheque or DD Amount  | | | | | | | | /- Amount in words ( \_\_\_\_\_ )  
Bank Name \_\_\_\_\_  
Cheque/DD No. \_\_\_\_\_ Cheque/DD Date  | d | d | m | m | y | y | y | y |

## Declaration

It is hereby declared that the person(s)

- Will not be travelling against the advice of a physician
- Are not on the waiting list for any medical treatment
- Are not travelling for the purpose of obtaining medical treatment
- Have not received a terminal prognosis for a medical condition before the journey

We declare and warrant that the above statements, answers and particulars are true and complete. We consent to the Company seeking medical information from any doctor who has at any time attended on me/we concerning anything which affects my/our physical or mental health and I/we authorise giving of such information to the Company / Assistance Company and / or their medical advisor.

It is hereby agreed and understood that the above statements, answers and particulars are the basis on which this insurance is being granted and that if, after insurance is effected, it is found that the above statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under the Policy.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Employee

## 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 or 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 Rs. 500/-

## Assignment

I, \_\_\_\_\_ do hereby assign the monies payable by Reliance General Insurance Company Limited in the event of my death to Mr / Ms / Mrs \_\_\_\_\_ (Name) \_\_\_\_\_ (relation to the insured) and I further declare that his / her receipt shall be a full and effective discharge to the Company.

Signature of Witness \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Proposer \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

## Registered & Corporate Office Address

**Reliance General Insurance Co. Ltd.**

**Registered Office:** Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

**Corporate Office:** 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

For any assistance call **1800 3002 8282** (toll free) | **3989 8282** (local charges apply)

