

Proposal Form for Reliance Travel Care Insurance Policy

Individual/Family/Senior Citizens/Asia/Students/Schengen

Intermediary Details

Intermediary Name Code
 Branch Name Code
 Sales Manager Name Code

Proposer Details

Proposer's Full Name Mr. Ms.
 Address for Communication
 Flat Building
 Road/Street/Sector
 Area
 Taluka/Village/District/City Pin Code
 State Country
 Phone Mobile
 Email

Insured Details

Name of the Insured	Date of Birth	Relationship with Proposer	Passport Number	Nominee Name	Relationship of Nominee with Insured	Professional/Semi-professional Sportsperson?

Please fill in the following details, if any of the Insured Person(s) is suffering from pre-existing illness

Name of the Insured	Name of Pre-existing illness/condition/injury	Suffering Since (Duration)	Under Medication (Yes / No)

Family Physician Details

Name Dr.
 Address
 Flat Building
 Road/Street/Sector
 Area
 Taluka/Village/District/City Pin Code
 State Country
 Phone Fax

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

Acknowledgment (on behalf of Reliance General Insurance Company Limited)

Proposer's Full Name Mr. Ms.
 Sum Insured
 Cheque/DD No. Cheque/DD Date Cheque/DD Amount
 Drawee Bank
 Intermediary Name Code
 Branch Name Code
 Sales Manager Name Code

Intermediary Signature _____

This acknowledgement is not an automatic acceptance of risk.

