

PROPOSAL FORM
SHUBH YATRA

IO No	
App No	
Client Code	
Receipt No	
Payer ID	
SB/CA Acc No	
Journal no/ Bank name	

For POS
 For Other distribution channels

IMPORTANT GUIDELINES:

- Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
- Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of policy
- It is important to fill all questions, information for fields marked with asterisk [*] is mandatory
- Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

PERIOD OF INSURANCE DESIRED*:

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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1. Proposer Details*

Name of the Proposer*		
	Sur Name	First Name	Middle Name
Full Address*			
State		Pin code*	
Contact Number	Landline:	Mobile:	
Email Id*			
Date of Birth*	DD/MM/YYYY		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
PAN	<small>Note: PAN is mandatory where the premium exceeds Rs. 50,000/- in cash and where premium exceeds Rs. One Lakh in any mode..</small>		
e-IA Number (e-Insurance Account Number)	<small>If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form</small>		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced		
Nationality*			
Purpose of Travel*	<input type="checkbox"/> Business/ Employment/ Work <input type="checkbox"/> Leisure/ Vacation <input type="checkbox"/> Others:		
Are you an existing Future Generali customer*?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide:			
Existing Policy No.:	Customer ID No.:		

2. Travel Itinerary (In case of Single Trip Plans):-

Departure Date	Arrival Date	Place		Mode of Travel				
		From	To	<input type="checkbox"/> Rail	<input type="checkbox"/> Road	<input type="checkbox"/> Air	<input type="checkbox"/> Water	<input type="checkbox"/> Others*
				<input type="checkbox"/> Rail	<input type="checkbox"/> Road	<input type="checkbox"/> Air	<input type="checkbox"/> Water	<input type="checkbox"/> Others*
				<input type="checkbox"/> Rail	<input type="checkbox"/> Road	<input type="checkbox"/> Air	<input type="checkbox"/> Water	<input type="checkbox"/> Others*
				<input type="checkbox"/> Rail	<input type="checkbox"/> Road	<input type="checkbox"/> Air	<input type="checkbox"/> Water	<input type="checkbox"/> Others*
				<input type="checkbox"/> Rail	<input type="checkbox"/> Road	<input type="checkbox"/> Air	<input type="checkbox"/> Water	<input type="checkbox"/> Others*

(* Please specify the others modes of travel: _____)

3. Details of persons proposed to be insured:

a) Daily Commuters Plan#:

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
Name of Insured							
Gender							
Date of Birth							
Occupation							
Relationship with Proposer							
Nominee							
Nominee relationship with Insured							
Details of any pre-existing injury/ disability							
Plan Annual basis	<input type="checkbox"/> Annual Trip	<input type="checkbox"/> Annual Trip	<input type="checkbox"/> Annual Trip	<input type="checkbox"/> Annual Trip	<input type="checkbox"/> Annual Trip	<input type="checkbox"/> Annual Trip	<input type="checkbox"/> Annual Trip
Plan Single Trip	<input type="checkbox"/> 1 month	<input type="checkbox"/> 1 month	<input type="checkbox"/> 1 month	<input type="checkbox"/> 1 month	<input type="checkbox"/> 1 month	<input type="checkbox"/> 1 month	<input type="checkbox"/> 1 month
	<input type="checkbox"/> 3 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 3 months
	<input type="checkbox"/> 6 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 6 months
Sum Insured option chosen	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 1
	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 2
	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 3

(#Age Eligibility – 18 years to 70 years)

b) Business Plan#:

	Insured 1	Insured 2
Name of Insured		
Gender		
Date of Birth		
Occupation		
Relationship with Proposer		
Nominee		
Nominee relationship with Insured		
Details of any pre-existing injury/ disability		
Plan Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*
Plan Single Trip	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days
	Assistance Service Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Service Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured option chosen	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4

(*In case of Annual Multi Trip, each trip should not be more than 30 days)

(#Age Eligibility – 18 years to 70 years)

c) Vacations Plan#:

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Insured 7
Name of Insured							
Gender							
Date of Birth							
Occupation							
Relationship with Proposer							
Nominee							
Nominee relationship with Insured							
Details of any pre-existing injury/ disability							
Plan Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*	<input type="checkbox"/> Annual Multi Trip*
Plan Single Trip	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days <input type="checkbox"/> 16-30 days	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days <input type="checkbox"/> 16-30 days	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days <input type="checkbox"/> 16-30 days	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days <input type="checkbox"/> 16-30 days	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days <input type="checkbox"/> 16-30 days	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days <input type="checkbox"/> 16-30 days	Single Trip: <input type="checkbox"/> 1-7 days <input type="checkbox"/> 8-15 days <input type="checkbox"/> 16-30 days
	Assistance Service Opted <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Service Opted <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Service Opted <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Service Opted <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Service Opted <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Service Opted <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Service Opted <input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured option chosen	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4

(*In case of Annual Multi Trip, each trip should not be more than 30 days)

(#In Vacation Plans, the family can be covered on individual sum insured basis)

4. Family doctor details: Name : _____
Address & Contact No. : _____

5. Payment Details

Premium paid by Cash/ Cheque No	Date:	DD	MM	YYYY
Bank Name	Amount (INR):			
Amount (in words)				
GSTIN (If more than one GSTIN, kindly attach an annexure with details)		PAN (if premium is 1 Lac and above.) -		
<i>Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT. It is necessary where the premium is more than ₹10000/-</i>				

6. True to our Go Green initiative, we will send the digitally signed and authenticated policy document to your e-mail address, as you've mentioned in this proposal, and you may download and save a copy of it. If you still wish for a physical copy, you may tick on this box Yes No

7. DECLARATION

- I 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 are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved

- underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I 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.
 4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time 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.
 5. I authorize the company to share information pertaining to my 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.
 6. I, further, declare and warrant that:
 - There is no other material/relevant information, that has not been disclosed to FGIICL and if any information given in this proposal is found to be untrue, the insurance policy shall be void ab initio and the premium shall be forfeited to FGIICL.
 - Service related information from FGIICL, and its service providers, through electronic and telecom modes, including WhatsApp, can be sent to me and understand that no unsolicited information will be sent to me.
 - the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorized person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/ data.
 7. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law. ORI confirm that the premium has been paid by _____, who has an insurable interest in my policy and refund, if any, shall be processed in my bank account.
 8. I am (please tick all that are applicable) HNI NRI Politically Exposed Person Jeweller NGO Film Actor Producer Others.

Optional Declaration

I/We hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third party vendors Yes / No

*Note: I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the * Prospectus/ Product by the Intermediary/Agent to my/our satisfaction (*To download a copy of the Prospectus and for further details about the product, please visit our website <https://general.futuregeneral.in/>)*

Date: DD / MM / YYYY Place: Proposer's Name: Proposer's Signature/ Thumb Impression:

For use by Intermediary Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Vernacular declaration

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a language other than English/or is not literate)

**applicable only when proposer has signed in thumb impression and is witnessed by someone other than agent/ employee of the company.*

I hereby declare that, I have clearly explained the content of this form to the proposer there after the proposer has affixed the thumb impression above after fully understanding the content thereof.

Witness Name:	Intermediary / Agent Name :
Witness Signature:	Intermediary / Agent signature :
	Date and Place

For Office Use Only	
Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

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 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 liable for a penalty which may extend to Ten Lakh Rupees



ISO No. FGH/UW/RET/229/04

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.