

FUTURE TRAVEL SURAKSHA PROPOSAL FORM

IO No	
App No	
Client Code	
Receipt No	
Payer ID	

IMPORTANT GUIDELINES: 1. 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.
 2. It is important to fill all questions, Information for fields marked with asterisk [*] is mandatory.
 3. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

Period of Insurance*

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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1. **Name of the Proposer (in full)*** Mr. Mrs. Ms.

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2. **Address and Other Details:**

State																					Pin code
Tel No																					Mobile no*
Email id																					
PAN																					
<i>Note: PAN number is mandatory where the premium is Rs.50000/- and above in cash and additionally PAN copy is mandatory where premium is more than One Lakh in any mode.</i>																					
e-IA Number (e-Insurance Account Number)																					<i>If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form</i>

- | | |
|--|---|
| <p>3. Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>5. Marital Status*: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> <p>7. Visa Type*: <input type="checkbox"/> Immigrant <input type="checkbox"/> Resident <input type="checkbox"/> Student <input type="checkbox"/> Travel</p> | <p>4. Date of Birth* / / </p> <p>6. Nationality*:</p> <p>8. Purpose of Travel: <input type="checkbox"/> Business <input type="checkbox"/> Employment/ Work <input type="checkbox"/> Leisure <input type="checkbox"/> Study <input type="checkbox"/> Others _____</p> |
|--|---|

9. **Plan Details*:** (Please tick on relevant box)

	Coverage	Plan			
		Standard	Silver	Gold	Platinum
<input type="checkbox"/> Overseas Travel	<input type="checkbox"/> Worldwide	USD 50,000	USD 100,000	USD 250,000	USD 500,000
	<input type="checkbox"/> Ex – USA / Canada	USD 50,000	USD 100,000	USD 250,000	USD 500,000
<input type="checkbox"/> Asia Travel	<input type="checkbox"/> Individual	USD 25,000	NA	NA	NA
	<input type="checkbox"/> Family	USD 50,000	USD 100,000	NA	NA
<input type="checkbox"/> Multi Trip	<input type="checkbox"/> Worldwide 30	NA	NA	USD 250,000	USD 500,000
	<input type="checkbox"/> Worldwide 45	NA	NA	USD 250,000	USD 500,000
<input type="checkbox"/> Superior Care (Senior Citizen)	<input type="checkbox"/> Worldwide	NA	USD 100,000	NA	NA
	<input type="checkbox"/> Ex – USA / Canada	NA	USD 100,000	NA	NA

10. **Proposed Date of Departure from Republic of India*:**

D	D	M	M	Y	Y	Y	Y
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11. **No of Days to be insured:** _____

12. **Please mention the list of Countries that you intend to visit:** _____

13. **Details of Insured persons:**

	Insured 1	Insured 2	Insured 3	Insured 4
Name of Insured				
Gender				
Date Of Birth				
Nationality				
Occupation				
Relationship with the Proposer				
Nominee				
Relationship with Nominee				
Passport Number				
Name of illness/ injury suffering from				
Treatment/medication received/ receiving				
Date first treated				
Name of attending Medical Practitioner/ Surgeon with Address and Contact no.				

14. Does any person to be insured suffer or has suffered from any of the following? Yes No **If yes, indicate in the table given below:-**

Diabetes, Hypertension (Blood pressure), Diseases/ disorders of Heart, Myocardial Infarction(Heart attack), Cardiac Bypass Surgery, Coronary Angioplasty, Permanent Pacemaker Implantation , Congenital Birth defects/ diseases, Any Disease of brain or nervous system , Epilepsy/ fits, Paralysis/ Stroke, Asthma, Chronic Obstructive respiratory Disease , Cancer or tumor/ lump of any kind , Blood disorder, Autoimmune disorder, Disorders of Urinary tracts and kidneys, Chronic Kidney Disease , Hepatitis, Chronic Liver Disease/ Cirrhosis of liver, Mental or Psychiatric conditions, Chronic backache, Slipped disc, Chronic Arthritis, AIDS or positive test for HIV, Physical defect or deformity or disability, any other diseases or surgery/s performed in past –Please specify.

Insured Name	Name of disease/ illness/ injury suffering from	Disease/ illness/ injury suffering since when	Treatment/ medication received/ receiving	When first treated	Name of attending medical practitioner /surgeon with his address and telephone no.	If fully cured?

15. Family Doctor Details:

Name: _____

Address & Contact No.: _____

IMPORTANT NOTE

- The Company will not be on risk until the proposal and insured person's details have been accepted by the company and communication of the acceptance has been given to the proposer in writing on full payment of premium.
- This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.
- The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.

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 are true and complete in all respects to the best of my 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 will form the basis of the 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 consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share the information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and /or claims settlement and with any Governmental and /or Regulatory authority.
- I/We hereby acknowledge that I/we 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.
- I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD.
- I hereby authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose
 - I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR
 - I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee. I/we am/are (please tick all that are applicable)
 - High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s
 - Non Governmental Organization Film Actor/s Producer/s

Date: _____ **Place:** _____ **Proposer's Name** _____ **Proposer's Signature:** _____

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 different language/or is not literate)

Intermediary/Agent Name _____ Intermediary/Agent Signature _____ Prospect's Thumb Impression _____

Payment Details

Premium paid by Cash/ Cheque No _____ **Date:** DD/MM/YYYY **Bank** _____

Amount (Rs.) _____

GSTIN: _____ (If more than one GSTIN, kindly attach an annexure with details)

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 if the Premium is more than Rs 25000/-

Section VI: 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.

UIN:IRDA/NL-HLT/FGII/P-T/V.I/76/13-14

BAP UIN: FGIIOP14006V031314

FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED

Corporate & Registered Office:- 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083.

Call Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in

IRDA Regn. No. 132, CIN - U66030MH2006PLC165287.



FGH/UW/RET/20/11