

# PROPOSAL FORM SHUBH YATRA

## 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.
- 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			Aadhaar Number
<small>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.</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	Rail	Road	Air	Water	Others*
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(\* 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"/> 3 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months
Sum Insured option chosen	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3

(\*Age Eligibility – 18 years to 70 years)

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

<input type="checkbox"/>	For POS
<input type="checkbox"/>	For Other distribution channels

**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. 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.

**6. 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 authorised 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.
- 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.
  - 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.
  - 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.
  - 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.

**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:

**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 different language/or is not literate)

Intermediary / Agent Name:

Intermediary / Agent Signature:

*\*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 thereafter the proposer has fixed the thumb impression above after fully understanding the content thereof.

**Intermediary / Agent Name:**

**Witness Name:**

**Date:**

**Intermediary / Agent Signature:**

**Witness Signature:**

**Place**

**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)	
<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 if the Premium is more than ₹25000/-</i>	

**For Office Use Only**

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:

**SECTION 41 SUB-SECTION (2) OF INSURANCE LAWS (Amendment) ACT, 2015 - PENALTY FOR ACCEPTING AND/OR OFFERING OF REBATE:**

*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/229/03

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.futuregeneral.in> | Email: [fgcare@futuregeneral.in](mailto:fgcare@futuregeneral.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.