



The New India Assurance Company Limited

Regd. & Head Office: New India Assurance Building, 87, M.G. Road, Fort, Mumbai -400001

PROPOSAL FORM FOR OVERSEAS MEDICLAIM POLICY (Business & Holiday)

(To be submitted in original with 2 copies)

(Available to persons in the age group of 6 months to 70 years)

THE OVERSEAS MEDICLAIM POLICY PROVIDES INDEMNITY FOR EXPENSES NECESSARILY INCURRED FOR IMMEDIATE TREATMENT OF ILLNESS, DISEASES CONTRACTED OR INJURY FIRST SUSTAINED (DURING THE PERIOD OF INSURANCE OF OVERSEAS TRAVEL SUBJECT TO POLICY TERMS AND CONDITIONS) AND IN ADDITION ALSO PERSONAL ACCIDENT, TOTAL LOSS OF CHECKED ENGAGE, DELAY OF CHECKED BAGGAGE, LOSS OF PASSPORT AND PERSONAL LIABILITY COVERS. (DURING THE PERIOD OF INSURANCE OF OVERSEAS TRAVEL SUBJECT TO POLICY TERMS AND CONDITIONS)

IN THE ABSENCE OF MEDICAL REPORTS AS SPECIFIED IN ITEM IIB SUM INSURED WILL STAND REDUCED TO AN EQUIVALENT AMOUNT OF US\$ 10000 IN RESPECT OF MEDICAL EXPRESS INCURRED THROUGH ILLNESS OR DISEASE ONLY. SUBJECT TO EXCLUSION OF PRE-EXISTING DISEASE.

THE ATTENTION OF THE PROPOSER IS DRAWN TO ITEM II (MEDICAL HISTORY) OF THE PROPOSAL FORM ESPECIALLY IN RELATION TO PREVIOUS TREATMENT FOR ILLNESS OR DISEASES SUCH AS RENAL DISORDERS OR DISEASES. CEREBRAL OR VASCULAR STROKES, HEART AILMENTS OF ANY KIND, MALIGNANCY, TUBERCULOSIS, ENCEPHALITIS, NEUROLOGICAL DISORDERS, GALL BLADDER DISORDERS ARTHRITIS REQUIRING SURGERY AND IF ANY TREATMENT HAS BEEN RECEIVED FOR ANY OF THE ABOVE DISORDERS AT ANY TIME IN THE PAST SUCH TREATMENT MUST BE DISCLOSED TO THE POLICY ISSUING OFFICE.

NEITHER THE INSURERS NOR CLAIMS SETTLING AGENTS SHALL BE RESPONSIBLE FOR THE AVAILABILITY, QUALITY OR RESULTS OF ANY MEDICAL TREATMENT OR THE FAILURE OF THE INSURED TO OBTAIN MEDICAL TREATMENT. THE PROPOSAL FORM SHOULD BE COMPLETED TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, AND ALL MATERIAL FACTS SHOULD BE DISCLOSED. FAILURE TO DO SO MAY NULLIFY COVER UNDER THE POLICY ISSUED.

Plan A, B,&E - These Standard covers comprise of medical expenses cover, in-flight personal accident and loss of passport & personal liability covers.

Note: Plan A-1 & A-2 (Worldwide travel excluding USA and Canada)

Plan B-1 & B2 (Worldwide travel including USA and Canada)

Plan E-1 & E-2 (Corporate Frequent travel cover to all destinations including USA & Canada)

IMPORTANT

PLEASE MAKE SURE YOU READ AND FULLY UNDERSTAND THIS DOCUMENT BEFORE YOU TRAVEL FROM THE REPUBLIC OF INDIA

FAILURE TO FOLLOW THE INSTRUCTIONS GIVEN COULD RESULT IN REJECTION OF ANY CLAIM THAT MIGHT BE MADE

THE OVERSEAS MEDICLAIM POLICY PROVIDES INDEMNITY FOR EXPENSES NECESSARILY INCURRED IMMEDIATE TREATMENT OF ILLNESS, DISEASES CONTRACTED OR INJURY FIRST SUSTAINED (DURING THE PERIOD OF INSURANCE OF OVERSEAS TRAVEL SUBJECT TO POLICY TERMS AND CONDITIONS) AND IN ADDITION PERSONAL ACCIDENT, TOTAL LOSS OF CHECKED ENGAGE, DELAY OF CHECKED BAGGAGE, LOSS OF PASSPORT PERSONAL LIABILITY COVERS. (DURING THE PERIOD OF INSURANCE OF OVERSEAS TRAVEL SUBJECT TO POLICY TERMS AND CONDITIONS)

IN THE ABSENCE OF MEDICAL REPORTS AS SPECIFIED IN ITEM IIB SUM INSURED WILL STAND REDUCED TO AN EQUIVALENT AMOUNT OF US\$ 10000 IN RESPECT OF MEDICAL EXPENSES INCURRED THROUGH ILLNESS OR DISABILITY ONLY. SUBJECT TO EXCLUSION OF PRE-EXISTING DISEASE.

THE ATTENTION OF THE PROPOSER IS DRAWN TO ITEM II (MEDICAL HISTORY) OF THE PROPOSAL FORM WHICH RELATES TO PREVIOUS TREATMENT FOR ILLNESS OR DISEASES SUCH AS CHOLELITHIASIS

Plane F,G& H - These VIDESH YATRA MITRA cover offer enhanced medical expenses cover as also personal accident, hospitalisation benefit, total loss of

IF

(a) The proposer is traveling to USA and /or Canada is above 40 years.

OR

(b) The proposer is traveling to any other countries and is above 60 years.

OR

(c) Answer to question in II (A) reveal that the proposer had suffered any time in the past or is suffering from any disease/illness.

The proposal Form should be accompanied with (1) ECG printout with report and (2) Fasting Blood Sugar and Urine Sugar or Urine Strip Test Report or any other medical report required by the company etc. along with the attached questionnaire II (B) to be completed and signed by the Doctor with minimum M.D. qualification conducting the test. ECG to be carried out by cardiologist. In the absence of such medical tests and reports due to a shortage of time before travel, cover may still be granted subject to a satisfactory proposal form but the sum-insured under policy, in respect of expenses incurred for the treatment of illness or disease shall be restricted to US \$ 10,000 only which shall not cover the cost of medical treatment of pre-existing disease. In case of accident however the full sum insured benefit would be available.

I. GENERAL INFORMATION

1. NAME OF THE PROPOSER: MR./ MRS./MISS. /MASTER
(IN BLOCK LETTERS) AS STATED
IN THE PASSPORT

2. HOME ADDRESS & TELEPHONE NO. :

3. PROPOSER'S ACTUAL OCCUPATION :
(Specify)

4. OFFICE ADDRESS :

5. TELEPHONE NO. :

6. AGE (IN COMPLETED YEARS) : _____ DATE OF BIRTH _____

7. PASSPORT NO. : _____

DATE OF EXPIRY & NAME OF PASSPORT
ISSUING AUTHORITY

8. PLAN OPTED FOR : A-1 A-2 B-1 B-2 E-1 E-2

(Please tick relevant plan)

9. PURPOSE OF VISIT :
(BUSINESS/HOLIDAY TRAVEL)
10. PROPOSED DATE OF DEPARTURE FROM : DAY MONTH YEAR
REPUBLIC OF INDIA i.e. FIRST DAY OF
INSURANCE
11. INSURANCE REQUIRED FOR :
(Number of days)
12. COUNTRIES TO BE VISITED :
(State appropriate number of days at each place)
13. NAME, REGISTRATION NO. :
ADDRESS & TELEPHONE NO
OF FAMILY PHYSICIAN

II MEDICAL HISTORY

(A) TO BE COMPLETED BY THE PROPOSER

PLEASE ANSWER THE FOLLOWING QUESTION WITH 'YES' OR 'NO' (A DASH IS NOT SUFFICIENT)
AND GIVE FULL DETAILS

1. Are you in good health and free from physical : _____
and mental disease or infirmity
2. Have you ever suffered from any illness or
disease up to the date of making this proposal _____
3. Do you have any physical defect or deformity. _____
4. Have you ever been admitted to any hospital/
nursing home/clinic for treatment or observation. _____
5. Have you suffered from any illness/disease of
had an accident in the 12 months preceding the
first day of insurance _____
6. If answer is 'yes' to any of the foregoing
questions please give full details as under:

Nature of illness/ medical disease/injury & treatment received	Date on which first treatment taken	First treatment completed/ is continuing	Name of attending Medical practitioner / surgeon with his address and telephone

7. a) Have you any intention of engaging in professional sports ? :
b) If so, give details:

8. Please give details of any knowledge of any positive existence of any ailment, sickness or injury which may require medical attention whilst on tour abroad.

I HEREBY DECLARE THAT

1. I will not be traveling against the advice of a physician
2. I am not on the waiting list for any medical treatment
3. I will not be traveling for the purpose of obtaining medical treatment
4. I have not received a terminal prognosis for a medical condition before this day.

Assignment:

I.....do hereby assign the monies payable under the policy in the event of my death to my.....(relation to the insured) mr/miss/master.....I further declare that his/her receipt shall be sufficient discharge to the company.

I further declare and warrant that the above statements are true and complete. I consent to the insurers seeking medical information from any doctor who has at any time attended concerning anything which affects my physical or mental health, and I authorise the giving of such information to Mercury International Assistance and Claims Ltd, & / or their programme medical advisors. I agree that this proposal shall form the basis of the contract should the Insurance be affected.

I am willing to accept the policy, subject to the terms, exceptions and conditions prescribed therein.

Signature of Proposer:

Date...../...../.....

Place: Day Month Year

(B) TO BE COMPLETED BY THE DOCTOR [To be completed by M.D. only]

1. (a) History
- (b) Any past history of disease, operation,

- accidents, investigations etc.
(c) General Examination
(d) Systemic Examination

2. Electrocardiography :

- (a) Does the attached Electrocardiogram in your professional opinion show any abnormalities and if so, please describe.
- (b) Does the abnormality represent a current illness or disease which may possibly require medical treatment during proposer's forthcoming trip ?
- (c) Does the proposer now or did he/she in the past, require medication for this abnormality?
- (d) Please describe any treatment taken by Proposer in the past or being taken at present
- (e) Do you recommend Stress Test ? If so please obtain the report on such test

3. Dose the urine Strip Test show any sugar ?

4. Do you consider that proposer is fit to travel any where abroad, due account being taken of the stress of air travel adversely affection his health/medical condition ?

Signature of the Doctor :

Name of the Doctor :
Qualifications :
Address :
Telephone No. :

PROHIBITION OF REBATE

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 of risk relation 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 prospectus or tables of the insurers.

Any person making default in complying with the provisions of the section shall be punishable with fine which may extend to five hundred ruppes.