



**NEW INDIA
ASSURANCE**

Incorporated in India

Regd. & Head Office : New India Assurance Building, 87 M. G Road, Fort, Mumbai – 400 001

PROPOSAL FORM FOR OVERSEAS TRAVEL INSURANCE

I GENERAL INFORMATION

1. NAME OF THE PROPOSER: MR/MRS/MISS/MASTER
(IN BLOCK LETTERS) AS STATED IN THE PASSPORT:
2. TIN NO.
3. PROVINCE.....
4. Gender: (F)_____ (M)_____ - only to be provided if proposer is individual
5. Date of birth/Age _____ - only to be provided if proposer is individual
6. HOME ADDRESS & TELEPHONE NO.:
7. PROPOSER'S ACTUAL OCCUPATION (Specify):
8. OFFICE ADDRESS:
9. TELEPHONE NO.:
10. AGE (IN COMPLETED YEARS):
11. PASSPORT NO.:
12. PURPOSE OF VISIT
(BUSINESS/HOLIDAY TRAVEL):
13. PROPOSED DATE OF DEPARTURE FROM
REPUBLIC OF FIJI i.e. FIRST DAY OF INSURANCE:
14. INSURANCE REQUIRED FOR
(Number of Days):
15. COUNTRIES TO BE VISITED
(State appropriate number of days at each place):
.....
.....
16. 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 or 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 no.

- 7.a) Have you any intension 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 traveling against the advise of a physician
2. I am not on the waiting list of 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 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. 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/...../.....
Day Month Year

Place: