ICICI Lombard
Nibhaye Vaade

TRIPSECURE+ PROPOSAL FORM

For Office use only **URN No.-** _____

Intermediary Name & Specified Person Name / Principal Officer Name:	
Code/Functional Identity:	
Contact No. of the branch:	
Email ID of the branch:	
Branch/Office:	

GUIDELINES FOR COMPLETION OF THE FORM (To be filled by proposer)

- Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- Insurance is a contract of Utmost Good Faith requiring 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. If you think any fact is material, please disclose it.
- Insurance benefit shall become voidable at the option of the Company in the event of misrepresentation, or established fraud or non-disclosure by the Insured or anyone acting on his behalf to obtain any benefit under this Policy.
- Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of the Company does not commence until this Proposal has been accepted by the Company and premium realised.

Proposer's Signature

PROPOSER DETAILS

Proposer's Name

Correspondence Address

City State Country

Pin Code Home Phone No. Fax No.

Permanent Address

Date of Birth D D M M Y Y Y Y ABHA No.

Sex Male Female Third Gender

OCCUPATION DETAILS Salaried Self Employed / Business Other (Please specify) _____

Income per annum CKYC No.

CKYC/Driving License/Aadhaar/Election Card/Passport/MNREGA Card No.

Email ID Mobile No.

Are you or any of the proposed applicants a PEP* or Family member/Close relative/Associates of PEPs*? Yes No

If yes, explain nature of relationship and position held by PEP: _____

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

Do you wish to avail a physical copy of your policy documents? Yes No

DETAILS OF PERSON INSURED (Please mention details of all the persons proposed to be insured under the policy)

		Insured 1		Insured 2		Insured 3		Insured 4		Insured 5		Insured 6	
Name as per Passport													
Date of Birth													
Relationship with Proposer													
Passport No.													
ABHA No.													
Visa Type	Immigrant	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Non - Immigrant	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Is the Insured Currently in India													

I agree to share my medical records with ICICI Lombard / TPA through ABHA ☐ Yes ☐ No

For generating ABHA number ,please visit the website (ndhm.gov.in), Post generation of the ABHA number. Please share the same with us.

Resident of India _____

NOMINEE DETAILS

Nominee Name and Relationship	1	2	3	4
Date of Birth of Nominee	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Percentage of Nomination	%	%	%	%
Mobile No. of Nominee				
Email ID of Nominee				
Present and Permanent Address of Nominee				

Appointee details Please write the Appointee name also in case the nominee is a minor. *Please provide the details of the guardian in case nominee is a minor.

Appointee Name and Relationship	1	2	3	4
Date of Birth of Appointee	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Percentage of Nomination	%	%	%	%
Mobile No. of Appointee				
Email ID of Appointee				
Present and Permanent Address of Appointee				

Past Insurance details

Policy Period	Insurance Company	Product Name	Date of Issuance of First Policy	Premium Paid	Claims

BANK DETAILS OF THE INSURED

Beneficiary Name

Bank Name | Bank Account No.

IFSC CODE | MICR No.

BRANCH

BANK DETAILS OF THE NOMINEE

Beneficiary Name

Bank Name | Bank Account No.

IFSC CODE | MICR No.

BRANCH

BANK DETAILS OF THE APPOINTEE

Beneficiary Name

Bank Name | Bank Account No.

IFSC CODE | MICR No.

BRANCH

Any Pre-existing diseases: Yes No

List of Pre- existing diseases

		YES	NO
a	Heart Disease - Heart and Circulatory Conditions/ Disorders: Chest pain, angina, heart failure, coronary artery diseases / blockage , heart attack, cardiac bypass surgery/angioplasty, valve disorder/replacement surgery, pacemaker insertion, congenital by birth heart condition, abnormal heart rhythm or any type of heart disease		
b	Liver Disease - Chronic live failure or disease, liver cirrhosis, liver transplant , autoimmune liver disease, biliary cirrhosis, fulminant / recurrent hepatitis, shrunken liver, fibrotic liver and acute & chronic pancreatitis		
c	Kidney Disease - Chronic Kidney failure or disease, kidney transplant, dialysis, nephropathy, kidney cyst, polycystic kidney disease, nephritic syndrome , solitary , renal mass, hydronephrosis, shrunken kidney and nephritic syndrome		
d	Cancer - Any type of cancer or tumour of any kind		
e	Neurological conditions - Brain related conditions, Epilepsy, Parkinson's, Alzehimer's, Stroke, Multiple sclerosis, Transient Ischemic Attack (TIA), Brain Hemorrhage, Aneurysm, Paralysis, Myasthenia Gravis, Muscular Dystrophy		
f	Hypertension		
g	Diabetes		
h	Thyroid		
i	Asthma		
j	Hypercholesterolemia		
k	Others		

Please Note – The coverage provided is subject to the details and declarations made in the proposal to the company and attached Policy wordings and also whether the required coverage has been opted while sourcing the policy.

Proposer's Signature

TRAVEL DETAILS

Purpose of Visit: ☐ Business ☐ Leisure ☐ Visiting Family or Friends ☐ Others

Details of Trip from D D M M Y Y Y Y to D D M M Y Y Y Y Days ☐☐☐

TRAVEL DETAILS

☐ International ☐ Domestic ☐ Both

PERIOD OF INSURANCE

Part I: International Travel

For Single Trip/Round Trip

Journey Start Date D D M M Y Y Y Y Journey End Date D D M M Y Y Y Y Total Number of days ☐☐

For Multi Trip Max

Date of commencement of Insurance D D M M Y Y Y Y

Maximum Trip duration per trip – ☐15 ☐30 ☐45 ☐60 ☐90 ☐120

For Multi Trip Total

Date of commencement of Insurance D D M M Y Y Y Y

Total Travel days - ☐10 ☐15 ☐20 ☐25 ☐30 ☐40 ☐50 ☐60 ☐90 ☐120 ☐150 ☐180

Part II: Domestic travel Insurance

For Multi Trip Domestic Insurance

Date of commencement of Insurance D D M M Y Y Y Y

COVERAGE DETAILS

PART I: INTERNATIONAL TRAVEL INSURANCE

Sections	Clause No.	Cover Type	Cover Name	Payment Basis	Sum Insured	Deductible/ Special conditions
Medical expenses covers	Cover 1	Base	Hospitalisation Expenses for illness and Injury	Indemnity		
	Extension 1.a	Extension	Outpatient Treatment for Illness and Injury	Indemnity		
	Extension 1.b	Extension	Medical Aid Cover in case of Illness and Injury	Indemnity		
	Extension 1.c	Extension	Child care expenses due to hospitalization	Benefit		
	Extension 1.d	Extension	Physiotherapy	Indemnity		
	Extension 1.e	Extension	Hospitalisation Expenses - Adventure Sports	Indemnity		
	Cover 2	Base	Hospitalisation Expenses for Injury	Indemnity		
	Cover 3	Base	Daily Allowance in case of Hospitalization	Benefit		
	Cover 4	Base	Medical Evacuation	Indemnity		
	Cover 5	Base	Repatriation of Remains	Indemnity		
	Cover 6	Base	Dental Treatment	Indemnity		

Sections	Clause No.	Cover Type	Cover Name	Payment Basis	Sum Insured	Deductible/ Special conditions
Accident & Disabilities covers	Cover 7	Base	Personal accident	Benefit		
	Extension 7.a	Extension	Coma cover	Benefit		
	Extension 7.b	Extension	Child Benefit Cover	Benefit		
	Extension 7.c	Extension	Workplace assault	Benefit		
	Extension 7.d	Extension	Personal Accident - Adventure Sports	Benefit		
	Extension 7.e	Extension	Lifestyle Modification Cover	Benefit		
	Cover 8	Base	Accidental Death and Disablement - Common Carrier	Benefit		
	Cover 9	Base	Credit Card Secure	Indemnity		
	Cover 10.a	Base	Home to Home Cover – Section A	Indemnity		
	Cover 10.b	Base	Home to Home Cover – Section B	Benefit		
Baggage & Personal effects	Cover 11	Base	Loss of checked-in baggage	Benefit		
	Cover 11.a	Extension	Electronic Equipment Loss	Indemnity		
	Cover 11.b	Extension	Sports Equipment Loss	Indemnity		
	Cover 12	Base	Damage to baggage during transit	Benefit		
	Cover 13	Base	Delay of checked-in baggage	Benefit		
	Cover 14	Base	Smart delayed checked in baggage	Benefit		
	Cover 15	Base	Loss of baggage and personal effects	Indemnity		
	Extension 15.a	Extension	Loss of electronic equipment	Indemnity		
	Extension 15.b	Extension	Loss of Valuables including Personal Money	Indemnity		
	Extension 15.c	Extension	Loss of Sports Equipment	Indemnity		
	Cover 16	Base	Debit and Credit Card Fraudulent Utilization	Indemnity		
	Cover 17	Base	Loss of passport and international driving license	Benefit		
Travel Delay, Cancellation & Curtailment	Cover 18	Base	Trip cancellation	Indemnity		
	Extension 18.a	Extension	Reimbursement of cancellation charges of all pre-booked events	Indemnity		
	Extension 18.b	Extension	Frequent Flyer points	Indemnity		
	Cover 19	Base	Trip interruption or curtailment	Indemnity		
	Extension 19.a	Extension	Trip resumption	Indemnity		
	Extension 19.b	Extension	Missed event due to Itinerary Change	Indemnity		
	Cover 20	Base	Trip cancellation due to VISA rejection	Indemnity		
	Extension 20.a	Extension	Refund of VISA fee	Indemnity		
	Cover 21	Base	Cancellation cover for hotel and accommodation	Indemnity		
	Cover 22	Base	Common Carrier Delay	Benefit		
	Extension 22.a	Base	Flight Delay Auto Assist	Benefit		
	Cover 23	Base	Flight Cancellation	Benefit		
	Cover 24	Base	Missed Connecting Flight	Indemnity		
	Cover 25	Base	Compassionate visit	Indemnity		
	Cover 26	Base	Bounced booking of airlines or hotel	Indemnity		
	Cover 27	Base	Hotel extension due to contingency	Indemnity		
	Cover 28	Base	Piste Closure	Benefit		

COVERAGE DETAILS

PART I: INTERNATIONAL TRAVEL INSURANCE

Sections	Clause No.	Cover Type	Cover Name	Payment Basis	Sum Insured	Deductible/ Special conditions
Travel Delay, Cancellation & Curtailment	Cover 20	Base	Automatic extension of period of insurance	Indemnity		
	Cover 30	Base	Political Risk And Catastrophe Evacuation	Indemnity		
Cruise Covers	Cover 31	Base	Missed Shore Cover	Benefit		
	Cover 32	Base	Cruise Interruption	Indemnity		
	Cover 33.A	Base	Medical cover on a cruise - Hospitalization expense	Indemnity		
	Cover 33.B	Base	Medical cover on a cruise - Daily allowance in case of hospitalization	Benefit		
	Cover 33.C	Base	Medical cover on a cruise - Medical Evacuation	Indemnity		
	Cover 33.a	Extension	Cruise Cover - Unused excursions	Indemnity		
Others	Cover 34	Base	Personal liability	Indemnity		
	Extension 34.a	Extension	Court attendance cover	Benefit		
	Cover 35	Base	Car Rental Cover for Deductible	Indemnity		
	Extension 35.a	Extension	Rental vehicle return	Indemnity		
	Cover 36	Base	Car rental cover	Indemnity		
	Cover 37	Base	Hijack distress compensation	Benefit		
	Cover 38	Base	Financial emergency cash allowance	Benefit		
	Cover 39	Base	Fire and Allied Perils - Home Building and Contents	Indemnity		
	Cover 40	Base	Burglary - Home Contents	Indemnity		
	Cover 41 SECTION A	Base	Pet Care and Veterinary Hospitalization - Pet not travelling with insured	Indemnity		
	Cover 41 SECTION B	Base	Pet Care and Veterinary Hospitalization - Pet Travelling with Insured	Indemnity		
	Cover 42	Base	Out of Pocket expenses for Pet Care due to Trip Delay	Indemnity		
	Cover 43	Base	Travel Loan Secure -SI in INR	Indemnity		
	Cover 44	Base	Language Interpreter	Indemnity		
	Cover 45	Base	Escort of Minor Child	Indemnity		
	Cover 46	Base	Hole in One	Benefit		
	Cover 47	Base	Reimbursement of Green Fees	Indemnity		
	Cover 48	Base	Upgradation to Business Class	Indemnity		
	Cover 49	Base	Quarantine Cover	Indemnity		
	Cover 50	Base	Bail Bond	Indemnity		
	Cover 51	Base	Kidnap Distress allowance	Benefit		

COVER 1 (Including Extensions) & COVER 2 will be subject to sub-limits as mentioned below. However, Sub-limits can be waived by paying an additional premium.

☐ Tick the box for opting the option to waive off Sub-limits. *Subject to Payment of extra Premium.

Disclaimer:

Either COVER 1 (Hospitalisation Expenses for illness and Injury)Including Extensions or COVER 2(Hospitalisation Expenses for Injury)can be taken, Both covers together cannot be taken.

PART II : DOMESTIC TRAVEL INSURANCE

Sections	Clause No. No.	Cover Type	Cover Name	Payment Basis	Sum Insured	Deductible/ Special conditions
Multi trip domestic travel	Cover 1	Base	Domestic Personal accident cover	Benefit		
	Cover 2	Base	En-Route Personal Accident Cover-Common Carrier	Benefit		
	Cover 3	Base	Accidental Hospitalization Expenses	Indemnity		
	Cover 4	Base	En-Route Accidental Hospitalization Expenses-Common Carrier	Indemnity		
	Cover 5	Base	Domestic OPD Expenses	Indemnity		
	Cover 6	Base	En-Route OPD Expenses- Common Carrier	Indemnity		
	Cover 7	Base	Domestic Loss of Baggage & Personal effects	Indemnity		
	Cover 8	Base	Theft / Burglary of Home contents	Indemnity		
	Cover 9	Base	Missed connection	Indemnity		
	Cover 10	Base	Domestic Trip Cancellation and Interruption	Indemnity		
	Cover 11	Base	Domestic Loss of checked in Baggage	Indemnity		
	Cover 12	Base	Domestic Delay of Checked In Baggage	Benefit		
	Cover 13	Base	Domestic Lounge Access Benefit On Flight Delay	Benefit		
	Cover 14	Base	Domestic Flight Delay – Fixed Benefit	Benefit		
	Cover 15	Base	Domestic Airline-Operated Cancellation Benefit	Benefit		
	Cover 16	Base	Cancellation Assist – Meet & Greet Service	Benefit		

MODE SELECTION

Cover 2 : En Route Personal Accident Cover – Common Carrier

Select your Mode: ☐ All Modes ☐ Flight ☐ Others (Train, Cab/Taxi, Bus, Water Transport)

Cover 4 : En Route Accidental Hospitalization Expenses – Common Carrier

Select your Mode: ☐ All Modes ☐ Flight ☐ Others (Train, Cab/Taxi, Bus, Water Transport)

Cover 6: En Route OPD Expenses – Common Carrier

Select your Mode : ☐ All Modes ☐ Flight ☐ Others (Train, Cab/Taxi, Bus, Water Transport)

Cover 12: Domestic Delay of Checked In Baggage.

Select Delay threshold options: ☐ 60 minutes ☐ 90 minutes ☐ 120 minutes ☐ 150 minutes ☐ 180 minutes ☐ 240 minutes ☐ 300 minutes ☐ 360 minutes ☐ >360 minutes

Cover 14: Domestic Flight Delay – Fixed Benefit

Select Delay Trigger Options: ☐ 60 minutes ☐ 90 minutes ☐ 120 minutes ☐ 150 minutes ☐ 180 minutes ☐ 240 minutes ☐ 300 minutes ☐ 360 minutes ☐ >360 minutes

Select Annual Entitlement (number of payouts per year): ☐ 2 ☐ 4 ☐ 6 ☐ 8 ☐ 12

Cover 15: Domestic Airline Operated Cancellation Benefit

Annual Number of Cancellations(number of payouts per year): ☐ 2 ☐ 4 ☐ 6 ☐ 8 ☐ 12

PAYMENT DETAILS

☐ Cash ☐ Cheque ☐ DD ☐ Credit/ Debit Card

Premium Amount

Cheque/ DD No. Cheque/ DD Date D D M M Y Y Y Y

Branch (if cheque) Bank Name

IFSC CODE MICR No.

Account No. Account type ☐ Savings ☐ Current ☐ Cash Credit ☐ Overdraft

*Please enclose cancelled cheque along with the Proposal Form for direct payment in the account. In case the cheque doesn't bear a/c holder name or branch IFSC code or both, kindly fill the NEFT mandate form

PAYMENT DETAILS

☐ Cash ☐ Cheque ☐ DD ☐ Credit/ Debit Card

Premium Amount

Cheque/ DD No. Cheque/ DD Date D D M M Y Y Y Y

Branch (if cheque)

Bank Name

IFSC CODE MICR No.

Account No.

Account type ☐ Savings ☐ Current ☐ Cash Credit ☐ Overdraft

*Please enclose cancelled cheque along with the Proposal Form for direct payment in the account. In case the cheque doesn't bear a/c holder name or branch IFSC code or both, kindly fill the NEFT mandate form

DISCLAIMER

1. **Either Cover 1** (Domestic Personal accident cover) or **COVER 2** (En-Route Personal Accident Cover-Common Carrier)can be taken, Both covers together cannot be taken.
2. **Either Cover 3** (Accidental Hospitalization Expenses) or **COVER 4** (En-Route Accidental Hospitalization Expenses-Common Carrier)can be taken, Both covers together cannot be taken.
3. **Either Cover 5** (Domestic OPD Expenses) or **COVER 6** (En-Route OPD Expenses- Common Carrierr)can be taken, Both covers together cannot be taken.

- 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 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/ proposal 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 any time has attended on the life to be insured/ proposed 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 the purpose of underwriting the proposal and/ or claim settlement.
- I/ We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any Government and / or Regulatory authority.
- I/ We hereby declare and undertake that the amount paid by me/ us as premium for the aforementioned policy is out of my/ our lawful and declared source of income.
- I agree that the Policy shall become voidable at the option of the company, in the event of misrepresentation, or established fraud or non-disclosure by the Insured or anyone acting on his behalf to obtain any benefit under this Policy.I have read and understood the policy terms & conditions and agree to abide by them.
- I/ we hereby agree that the insurance coverage under the policy will commence only on realization of full premium. Receipt of proposal form by the company shall not be construed as acceptance of proposal.
- I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
- I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
- I/We understand that the Company has right to call for documents to establish source of funds.
- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and not later than 30 days. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

DECLARATION

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE/DISABLED

- I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.
- I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
- I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the Proposer

Name of the Witness

Place: _____

Date D D M M Y Y Y Y

Signature of Proposer

Signature of Witness

Relationship with Proposer

Address of Witness

Proposer's Name

Place: _____

Date D D M M Y Y Y Y

Proposer's Signature

INTERMEDIARY DECLARATION AND DETAIL/PRINCIPAL OFFICER DETAILS

I, _____ <full name>in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature Of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) Ware contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name:

Code/Functional Identity:

Contact No. of the branch:

Email ID of the branch:

Branch/Office:

Date: D D M M Y Y Y Y

Place:

Signature of Agent

STATUTORY WARNING

PROHIBITION OF REBATES
(Under Section 41 of Insurance Act 1938)

(1) 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 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 published prospectuses or tables of the insurer:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.)

(2) 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.