ICICI Lombard
Nibhaye Vaade

Proposal Form

ICICI Lombard Travel Assure - Group Overseas Travel Insurance

Intimation of journey details of insured

The Policy does not commence until the proposal is accepted by the Company and full premium is paid.

PROPOSER DETAILS	
Name of the Proposer	
Address City/Town: District: State: PIN Code:	
PanCard No:	
E-Mail:	
Contact details (India):	
Contact details (Overseas):	
IMDName	
IMDCode	
Nationality	
Occupation	
Income per annum	
CKYC no.	
CKYC/Driving License/Aadhaar/Election Card/Passport/MNREGA Card No._____	
ABHA no.	
Profession	Salaried ☐ Self Employed ☐ Others ☐ Details ☐
Occupation (nature of duties) :	
Purpose of foreign trip	Official **work** / leisure / others
Name of the country to be visited	
Proposed Policy Period	From DD/MM/YYYY To DD/MM/YYYY
Period of Travel a. Date of commencement of journey b. Date of return journey	a. ..... b. .....
Plan opted	Worldwide including USA and Canada Asia Excluding USA and Canada Schengen Countries Others
Plan Type	**Individual** Family Floater

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

For generating ABHA no please visit website (ndhm.gov.in). Post generation of the ABHA no please share the same with us.

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

If yes, please give details (Nature of relationship and position held by PEP): _____

*Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials;

Do you wish to avail policy documents in physical form: Yes ☐ NO ☐

PROPOSED INSURED(S) DETAILS: Name of the persons proposed to be insured (including Proposer)

Sno	Name of the Family Member	Relationship with the employee	Date of Birth	Gender	Passport No	Nominee Name and Relationship	Journey Start and End Date	Whether suffering from any pre-existing condition /disease/injury? If so, the details
				M / F / T				
				M / F / T				
				M / F / T				
				--			-	

Name of the Nominee and relationship

In the event of the death of an Insured Person any payment due under the Policy will be payable to the Nominee in accordance with the Policy terms and conditions. Please give below the details of the Nominee, who must be an immediate relative of the Proposer. Nominee for all other persons proposed to be insured shall be the Proposer

NOMINEE DETAILS

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation of the Nominee with the Insured				
Mobile No.				
Eamil ID				
Present Address				
Permanent Address				

DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)

	1st Appointee	2nd Appointee	3rd Appointee	4th Appointee
Name of Appointee				
Date of Birth of Appointee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation of the Appointee with the Insured				
Mobile No.				
Eamil ID				
Present Address				
Permanent Address				

EXISTING INSURANCE DETAILS

Is the proposer or any of the persons proposed, already insured under or proposed for a any other insurance company? If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal):

Policy/ Application number(s)	Insurer	Product name	Date of issuance of First Policy	From (Date)	To (Date)	Sum Insured
				DD/MM/YY	DD/MM/YY	

Address of home to be covered If Home cover opted by Insured	
Whether suffering from any pre-existing condition/ disease/ injury? If so, the details	
Whether Insured and/ or any of the family members is a professional or semi-professional sportsperson and/or is engaging any adventure sports during the trip? If yes, please provide the details	

Bank Account Details

	Bank Details of insured	Bank Details of Nominee	Bank Details of Appointee
Beneficiary Name			
Bank Name			
Bank Account Number			
IFSC CODE			
MICR NUMBER			
BRANCH			

Payment Details (Please tick the appropriate option and fill the amount details)

Cash ☐ Cheque ☐ Credit Card ☐ Premium Amount Rs. _____

Cheque No. / Credit Card No. ☐☐☐☐☐☐☐☐☐☐ Cheque Date D D / M M / Y Y Branch (if cheque) ☐☐☐☐☐☐☐☐☐☐

Bank Name / Credit Card Name ☐☐☐☐☐☐☐☐☐☐

Please Tick(✓) wherever applicable
Is the Insured a professional or a semi-professional sportsman? Yes ☐ No ☐ (Note: Professional Sportsperson shall mean those sports persons who are in to full time sports and maintain their livelihood through earnings from their involvement in sports. Semiprofessional sports person shall mean those sports persons who participate in sports on frequent basis (at least once in a month) while being separately employed elsewhere or self -employed and whose primary source of income is not from sports)
Does the planned trip involve any kind of dangerous kinds of sports such as parachuting, hang-gliding, circus activities, polo, racing of any kind, shipping, mountaineering necessitating use of ropes/ guides, diving among others? Yes ☐ No ☐

Note: The premium may be loaded as given below, in case of a positive declaration under any of the above questions

(1) Premium loading: professional and semi-professional sportsmen	☐
(2) Premium loading: for dangerous kinds of sports such as parachuting, hang -gliding, circus activities, polo, racing of any kind, shipping, mountaineering necessitating use of ropes/ guides, diving	☐
(3) Premium loading: Pre-existing cover	☐
(4) Premium loading: Pre-existing in case of Life Saving measures	☐

Place:

Date: Signature of the insured

Declaration

1. 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/ proposer of 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 from insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/ or claim settlement.
2. I/We hereby declare, on my heh;ilf ,md on heh.ilf of .ill persons proposed to he ins11red, th;it the ;ihove st;itements, 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.
3. I /We understand the information provided by me will form the basis of 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.
4. I/We further declare that I/We notify in writing any change occurring in the occupation or general health of the life to be insured/ propose after the proposal has been submitted but before communication of the risk acceptance by the company.
5. 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 Governmental and/ or Regulatory authority.
6. Have you ever been entrusted with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials. ☐ Yes ☐ No
7. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured for the purpose of undertaking KYC.
8. I/We understand that the Company has right to call for documents to establish source of funds.
9. 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, not later than 30 days.
10. I 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. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Further, I/We understand that 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.

Date:

Place: Proposer's Signature

Declaration when the proposal form is filled by a person other than the proposer / the proposer signs in a vernacular language / proposer is illiterate

Declaration when the proposal form is filled by a person other than the proposer / the proposer signs in a vernacular language / proposer is illiterate

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 that he/ she agrees to abide by all the terms & 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 and correctly recorded the answers give by the proposer and that the proposer has affixed 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 Proposer: _____ Name of Witness: _____

Signature of Proposer: _____ Signature of Witness: _____

Date: D D / M M / Y Y Y Y Place: _____

Relationship with Proposer: _____

Address of Witness: _____

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:

Prohibition of Rebates (Section 41) of the 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.

Authorization for electronic Policy fulfilment and service communications

I /We would like to protect my environment and would like to help save paper by authorizing ICICI Lombard General Insurance Company Limited to send all my Policy and service related communication to the email ID as mentioned here in the application form. **Yes/No**

(Note: Please tick this option if you wish to receive your Policy at the e-mail address mentioned by you in this proposal form)

I hereby consent to and authorize ICICI Lombard General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing Policy of Company from time to time. **Yes/No**

Date:

Place: Proposer's Signature