

URN: 033

Regulations mandate that the coverage can start only after we have received the full premium and have explicitly accepted the risk.

[illegible]

**PEP is someone who are or have been entrusted with prominent public functions i.e. Heads / ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials. (If you have ticked against PEP, kindly fill the separate PEP questionnaire)*

Plan: ☐ International Single trip ☐ international Multi trip ☐ International Student
Maximum trip duration (for multi trip plan): ☐ 15 Days ☐ 20 Days ☐ 30 Days ☐ 45 Days ☐ 60 Days ☐ 90 Days
International geographic coverage: ☐ Asia ☐ Worldwide excluding USA/Canada ☐ Worldwide

Applicant Number	Name	Gender (Male /Female / Other)	Height (Feet & Inches)	Weight (Kg)	Date of birth (dd/mm/yyyy)	Mobile Number	Relationship to Proposer	Sum insured Individual <input type="checkbox"/>
1		(M / F /Other)	Ft Inches	Kg	(dd/mm/yyyy)			
2								

3								
4								
5								
6								

Additional information to be completed by the student traveling overseas on student visa for full time college or school education

Student name:

Date of birth:

Name and address of school/ university:

Course opted for:

Course duration:

Sponsor name:

Sponsor relationship with student:

Address of sponsor:

Other Details

Details of existing policy from Niva Bupa Health Insurance- _____

Details of past travel insurance policy from Niva Bupa Health Insurance- _____

3. Coverage Selection

Policy type:	Individual
Number of lives to be covered:	Adults _____ Children _____
	_____ Days/ years (whichever is applicable)
Policy term:	Trip start Date: _____
	Trip End Date: _____
Emergency in-patient Medical Treatment	
Emergency In-patient Medical Treatment with OPD	
Emergency in-patient Medical Treatment (for accidents only)	
Emergency in-patient Medical Treatment (for illnesses only)	
Emergency in-patient Medical Treatment with OPD(for accidents only)	
Emergency in-patient Medical Treatment with OPD (for illnesses only)	
Maternity & New Born Cover	
Emergency Outpatient Treatment (OPD)	
Road Ambulance Cover	
Hospital Daily Cash	
Emergency Dental Treatment	
Emergency Medical Evacuation	
Extension to Inpatient Care	
Personal Accident	
Accidental Death and Disability (Common Carrier)	
Repatriation of Mortal remains	
Financial Emergency Cash	
Personal Liability	
Hijack Daily Allowance	
Compassionate Visit	
Escort of Minor Child	
Adventure Sport	
Sports Activity coverage	
Loan Protector	
Study Interruption	
Sponsor Protection	
Cancer Screening & Mammographic Examination	
Bail Bond	
Waiver of Deductible	
Optional Co-Payment	
Refund of Visa fee	
Home to Home	
Colleague Replacement	

Medical Sum Insured replenishment in case of hospitalisation due to accident	
Complete Pre-existing disease cover	
Covid Cover	
Psychiatric Counseling	
Physiotherapy	
Kidnap distress allowance	
Tele Medical Consultation	
Total Loss of Checked-in Baggage	
Delay of Checked-in Baggage	
Loss of Passport	
Loss of International driving License	
Loss of Passport & International driving License	
Sports Equipment Hire	
Rented sports equipment damage or loss	
Sports Equipment Cover	
Loss of Laptop, Tablet, Mobile, Phone, Camera	
Mugging Benefit	
Lifestyle Support (Modifications Made at Home/Vehicle)	
Loss of baggage and Personal Belongings	
Key Replacement	
Cruise cover	
Trip Delay	
Trip Cancellation	
Trip Interruption	
Trip Cancellation and Interruption	
Missed Connection	
Bounced Booking- Hotel/Common Carrier	
Emergency Trip Extension	
Upgradation to Business class	
Political Risk and Catastrophe Evacuation	
Emergency Accommodation Coverage	
Overseas Travel Service Supplier Insolvency	
Flight Delay (Airlines)	
Mobility Aids Allowance	
Missed Departure	
Terrorism cover	
Loss of Identity documents	
Carrier Cancellation	
Flight Diversion	
Trip Cancellation due to Domestic Disturbances and Inconvenience	
Search and rescue expenses	
Debit / Credit Card / FOREX CARD- Fraud	
Loss of Deposit on Cancellation (Hotel & Common Carrier)	
Travel Loan Secure	
Legal Expenses	
Date Change(Hotel & Common Carrier)	
PED Inclusion for emergency	
Sublimit on Inpatient (for 56 and above age)	

4. Nomination

In the event of the death of the Proposer, claim shall be paid to the Nominee. For other insured persons, Proposer is the nominee. Payment to the nominee constitutes discharge of the Company's full liability.

Nominee Name	Date of Birth	Relationship with the Proposer	Address and contact details of Nominee	Appointee Name (if nominee is less than 18 years of age)

5. Medical, habits and past proposal information

S.No	In respect of any of the persons proposed to be insured:	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
1	Is any of the member proposed to be insured suffering from any of the following diseases						
1a	Heart disease like Heart attack, Heart failure, Ischemic heart disease or Coronary heart disease, Angina etc	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
1b	Tumor, Cancer of any organ, Leukemia, Lymphoma, Sarcoma	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
1c	Major organ failure (Kidney, Liver, Heart, Lungs etc)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
1d	Stroke, Encephalopathy, Brain abscess, or any neurological disease	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
1e	Pulmonary fibrosis, collapse of lungs or Interstitial lung disease (ILD)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
1f	Hepatitis B or C, Chronic liver disease, Crohn's disease, Ulcerative colitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
1g	Any anaemia other than iron deficiency anaemia	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

6. Declaration (Please read carefully and put a check mark against each before signing the proposal form)

___ 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 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 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.

___ if the Proposer has signed in vernacular: The content of this form have been explained by me, Name of the person certifying in Language, in presence of Name of witness to the Proposer who has understood and confirmed the same. Witness must be someone other than agent/ employee of the Company.

Dated __/__/__ Place _____ Signature of the Proposer _____

Signature of the certifying Person _____ Mobile number of the certifying Person _____

Signature of the Witness _____ Mobile number of the Witness _____

7. Declaration if form is NOT filled by the proposer & Advisor declaration

Declaration if for any reason, the proposal and other connected papers are not filled by the Proposer.

The contents of the proposal form have been fully explained to me and I have fully understood all aspects and implications. The Proposal Form is filled by Name, Mobile no under my instruction and I found all information to be correct & complete.

Signature of the Proposer _____

Advisor declaration: I as an Insurance Advisor / Specified Person of the Corporate Agent / Authorised employee of the Broker / Relationship Officer, do hereby declare that I have explained all the contents of this product / proposal to the Proposer

Signature of the Insurance Advisor _____ Intermediary code: _____

8. Premium details (for office use only)

Premium payment option ☐ Cheque ☐ Demand Draft ☐ Credit card / Debit card ☐ Net Banking ☐ Cash ☐ Others

Premium amount _____

Premium paid by _____ Relationship with proposer _____

Online payment transaction ID: _____ Date: __/__/__ Bank name/ branch _____

Niva Bupa branch location _____ Code No _____ Business sourced by: Advisor/DST/Corporate agency/ other channels

Code No _____ Name _____ Proposal received on: _____ Customer ID: _____

Is Proposer or the applicant a staff? ☐ Yes ☐ No

9. NEFT & Bank details

All payments (refund of premium, claims etc) would be made electronically ONLY to your account. Please provide following details

Bank name _____ Branch _____ City _____
 Account number _____ IFSC Code _____ Account type: ☐ Savings ☐ Current

10. Renewal***Renewal payment sign-up:**

Payment of renewal premium of your travel insurance Policy can be made every year through continuing your existing Automated Clearing House (ACH) / Standing Instructions (SI) with the Company. Under this option, your Policy can be renewed promptly, but subject to you completing all additional requirements of information and documentation as may be required by the Company.

___ I want to opt for the ACH/SI renewal option and thereby avail a discount of 2.5% on the premium till the time policy is renewed using the same.

Dated __/__/____ Place _____ Signature of the Proposer _____

*Renewal is not applicable for single trip policies.

11. Additional details for Bancassurance channel only (for office use only)

Branch Code _____ SP Code _____ RM/LG code _____
 Customer account number _____

12. Statutory Warning**Prohibition of Rebates (Under 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.
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.

13. Acknowledgment by the Company

Application No. _____ Date __/__/____

We acknowledge with thanks the receipt of your proposal and amount by Cheque/Demand Draft/ Others-----of amount of Rs. ----- dated -----drawn on-----

Neither the submission to us of a completed proposal for Insurance nor any payment made towards issuance of a Policy obliges us to agree to issue a Policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for Insurance, it shall be subject to the Policy's terms and conditions and we shall have no liability whatsoever if premium is not received by us in full and in time or is not realized. If we do not accept the proposal, we will inform you and refund the payment after deducting cost of medical tests, if any, received from you without interest.

Name and Signature of the receiver and office seal