NATIONAL INSURANCE CO. LTD.

(Subsidiary of General Insurance Corporation of India)
Regd. Office: 3, MIDDLETON STREET, CALCUTTA-700071

AGENT CODE: 0/47
I. M. CHAUDHRY
B-6, M.I.G. D.D.A. FLATS
SAKET, NEW DELHI-110017.
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ISSUING OFFICE

NATIONAL INSURANCE CO. LTD.
DIVISION NO. 23
PALIKA BHAWAN, R. K. PURAM,
NEW DELHI 110066
PHONE: 6883205, 4675110

PROPOSAL FORM FOR OVERSEAS MEDICLAIM POLICY STANDARD COVER (BUSINESS & HOLIDAYS) & 'VIDESH YATRA MITRA' POLICY

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 (STANDARD) PROVIDES INDEMNITY FOR MEDICAL EXPENSES NECESSARILY INCURRED FOR IMMEDIATE TREATMENT OF ILLNESS, DISEASES FIRST CONTRACTED OR INJURY FIRST SUSTAINED, INFLIGHT PERSONAL ACCIDENT COVER AND LOSS OF PASSPORT COVER DURING THE INSURED PERIOD OF OVERSEAS TRAVEL SUBJECT TO POLICY TERMS AND CONDITIONS. THE VIDESH MITRA POLICY PROVIDES ENHANCED MEDICAL COVERS AS ABOVE AND IN ADDITION ALSO PERSONAL ACCIDENT, TOTAL LOSS OF CHECKED BAGGAGE, DELAY OF CHECKED BAGGAGE, LOSS OF PASSPORT AND PERSONAL LIABILITY COVERS

IN THE ABSENCE OF MEDICAL REPORTS AS SPECIFIED IN ITEM IIA, SUM INSURED WILL STAND REDUCED TO AN EQUIVALENT AMOUNT OF US $ 10,000 IN RESPECT OF MEDICAL EXPENSES INCURRED THROUGH ILLNESS OR DISEASE ONLY.

. THE ATTENTION OF THE PROPOSER IS DRAWN TO ITEM II (MEDICAL) 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 INFORMATION MUST BE DISCLOSED TO THE ISSUING OFFICE.

NEITHER THE INSURERS NOR CLAIM 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 ANY POLICY ISSUED.

Note : PLAN A AND F (WORLDWIDE TRAVEL EXCLUDING USA AND CANADA)
PLAN B AND G (WORLDWIDE TRAVEL INCLUDING USA AND CANADA)
PLAN E AND H (CORPORATE FREQUENT TRAVEL COVER TO ALL DESTINATIONS INCLUDING USA & CANADA.

Plan A, B, & E - These standard covers comprise of medical expenses cover, inflight personal accident and loss of passport cover.

Plan F, G, & H – These VIDESH YATRA MITRA covers offer enhanced medical expenses cover as also personal accident, hospitalisation benefit, total loss of checked baggage, delay of checked baggage, loss of passport and personal liability covers.

ONLY IF

a) The proposer is travelling to North America and is above 40 years, OR
b) The proposer is travelling to any other countries and is above 60 years, OR
c) Answers to questions 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 etc. along with the attached questionnaire II (B) to be completed and signed by the Doctor with minimum MD 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. In case of accident however, the full sum insured benefit would be available.

BENEFITS UNDER OVERSEAS MEDICLAIM POLICIES

BENIFITS	(EXCLUDING USA & CANADA)		(INCLUDING U.S.A. & CANADA)		WORLD WIDE ANNUAL COVER	
	PLAN A IN US $	PLAN F VYM IN US $	PLAN B IN US $	PLAN G VYM IN US $	PLAN E IN US $	PLAN H VYM IN US $
MEDICAL EXPENSES & REPATRIATION (EXCESS US $ 100)	50,000	250,000	100,000	500,000	100,000	500,000
LOSS OF PASSPORT (EXCESS US $30)	150	250	150	250	150	250
IN-FLIGHT DEATH BENEFIT	UPTO US $2000 IF LESS THAN 16 YRS. OF AGE & 10,000 $ IF OVER 16 YRS.	NIL	UPTO US $2000 IF LESS THAN 16 YRS. OF AGE & 10,000 $ IF OVER 16 YRS.	NIL	UPTO US $ 10,000	NIL
PERSONAL ACCIDENT (DEATH & LOSS OF LIMBS)	NIL	2,000 US $ IF LESS THAN 16 YRS & US $ 25,000 IF OVER 16 YRS	NIL	2,000 US $ IF LESS THAN 16 YRS & US $ 25,000 IF OVER 16 YRS	NIL	25,000 US $
TOTAL LOSS OF CHECKED BAGGAGE	NIL	1000	NIL	1000	NIL	1000
DELAY OF CHECKED BAGGAGE	NIL	100 (EXCESS 12 HOURS)	NIL	100 (EXCESS 12 HOURS)	NIL	100 (EXCESS 12 HOURS)
PERSONAL LIABILITY	NIL	200,000 (EXCESS US $ 200 TPPD ONLY)	NIL	200,000 (EXCESS US $ 200 TPPD ONLY)	200,000 (EXCESS US $ 200 TPPD ONLY)NIL	

«TITLE» «FNAME» «SURNAME»

OMP (B&H) PROPOSAL FORM

AGENT CODE: 0/47, I. M. CHAUDHRY :
B-6, M.I.G. D.D.A. FLATS, SAKET, NEW DELHI-110017.
PHONE/ FAX: 91-11-6851495, E-mail :chaudhry@del3.vsnl.net.in
Web Site: http://www.angelfire.com/biz/SaketEntp/

1 Name of the Proposer (in block letters as stated in the passport). (State whether Mr./ Mrs./ Miss/ Master).	
2. Home Address	
3. Home Telephone No.	
4.Proposers actual Occupation (specify)	
.5. Office address	
6.Office Telephone No	
7. Age (in completed years)	(DOB:)
8.Passport No.	
9.Plan opted for	PLAN
10. Purpose of visit (state business/ holiday travel)	
11. Proposed date of departure from the Republic of India	
12.Insurance Required for –(number of days).	DAYS
13.Countries to be visited (State approximate number of days at each place).	
14. Name, Registration No., Address & Telephone No. of family physician	

MEDICAL HISTORY

A. TO BE COMPLETED BY THE PROPOSER

PLEASE ANSWER THE FOLLOWING QUESTIONS 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 diseases or infirmity?	
2. Have you ever suffered from any illness or disease upto 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 the answer is yes to any of the foregoing questions, please give full details as under:

Nature of illness/disease/injury & treatment received	Date on which first treatment taken	First treatment completed/ continuing	Name of attending medical practitioner/ surgeon with his address and telephone No.

7.Have you any intention of engaging in winter sports or pastimes?	

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

I HEREBY DECLARE THAT:
1. I will not be travelling against the advice of a physician. 2. I am not on a waiting list for any medical treatment. 3. I will not be travelling 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 ( ), (relation to the insured). 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., and/ 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 * **Date:**

Place

II B **TO BE COMPLETED BY THE DOCTOR. (M.D. Medicine)**

(1) **a) History**

b) Any past history of disease, operation, accidents investigations etc.

c) General Examination

d) Systematic examination

B.P.: Pulse Rate:

(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 be expected to 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 consider that Proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his/ her health medical condition?

(1) **Does the Urine Strip Test show any sugar?**

SIGNATURE OF THE DOCTOR:

NAME OF THE DOCTOR
QUALIFICATIONS
ADDRESS
PHONE NO.

Note: **1.** Medical Examination is required above the age of 40 under Plans B,& G, and above the age of 60 under Plans A, F, E, & H. **2.** Age is reckoned as on on last birth day. **3.** Complete the above propsal form and send it to Brig. I.M. Chaudhry, Saket Enterprises, B-6 MIG - DDa Flats, Saket, New Delhi - 110017, along with demand draft payble at Delhi in favour of 'National Insurance Co. Ltd.'