

SAKET ENTERPRISES

VALUERS IMMOVABLE PROPERTY.

AGENTS: LIC, GENERAL INSURANCE, UTI, MUTUAL FUNDS.

Brig. I. M. CHAUDHRY (RETD)

B - 6, M.I.G - D.D.A Flats,

Saket,

New Delhi - 110017.

India.

Phone (011) 6851495, Fax: (011) 6851495, E-mail: **Error! Bookmark not defined.**

Dated: Wednesday, August 05, 1998

OVERSEAS MEDICLAIM POLICY EX-INDIA FOR STUDIES ABROAD.

1. It is to inform that Indian students can avail of economical and comprehensive mediclaim insurance cover ex-India. Salient features are:

- (a) **It is valid all over the world.**
- (b) **Premiums are much less.** For example, annual premium for studies in U.S.A. is only about \$325/-. (Premium can be paid in Rs. or in foreign currency. Premium table is reproduced below.
- (c) Extent of cover: \$1,50,000/-.
- (d) **No deductibles.**
- (e) Repatriation to India covered.
- (f) **Compensation @ \$ 750/-** per month in case of discontinuation of studies due to illness or disability.
- (g) Under written by General Insurance Corporation of India (Govt. Body).
- (h) **Efficient claim administration** all over the world by M/s Mercury Insurance Co. Ltd., a reputed International Co.
- (j) **Spouse and children, too, are eligible** for cover under the plan.

2. To take this most cost effective insurance, introduced by the Indian Govt. as a welfare measure for our scholars studying abroad, You simply need to complete attached proposal form (separately for each entitled person) and send it to me at the above address along with the following:-

(a) **Cheque** (in Rs./US \$) **made out in the name of 'I. M. CHAUDHRY'**. The cheque amount should be premium amount + Rs. 500/ \$25 towards Bank charges/ Service expenses. In case of \$ cheque convert Rs. to \$ @ bank purchase rate (currently about Rs. 41/- to a \$). There is no service charge for local services at Delhi, for which you need simply contact us on phone.

(b) A photo copy of **passport, visa and form I-20** of each person to be insured.

3. On receipt of above, we will mail you the policy by the next day. In case of urgency send by express mail and if you desire us to express / courier mail the policy to you include additional \$20/ Rs. 800/- in the cheque amount.

OVERSEAS MEDICLAIM POLICY EX-INDIA FOR EMPLOYMENT ABROAD.

4. Admissible to Indian citizens being sent abroad by Indian Firms/ Employers for working overseas. Same proposal form OMP (E&S) is applicable. Payment to be by a dollar cheque in favour of National Insurance Company.

5. Contact us from where ever, from within India or overseas, by post, phone, fax or E-mail. for any further information We will take care of your requirement promptly. And without any hassle to you.

PREMIUM TABLE
STUDIES - (Coverage \$ 1.5 Lakhs).

<i>Plan C (Excluding U.S.A. & Canada)</i>	<i>Plan D (Including U.S.A. & Canada)</i>
Age	Premium (Rs. per annum)
1 month to 17 yrs.	6867
18 to 40 yrs	8190
41 to 60 yrs	8946

NOTE:-

1. Premium amounts are subject to change.
2. Initially insurance can be taken for **minimum 7 months** and maximum 12 months, extendable thereafter by one month to 12 months at a time. You just need to inform us for extension before expiry and mail the cheque to us.
3. Above rates are for 12 months. Work out pro-rata for the number of months required.

RECIPIENT IS REQUESTED TO KINDLY DISSEMINATE TO STAFF & SCHOLARS EX-INDIA.

Yours sincerely,

Brig. I.M. Chaudhry (Retd),

B.E., A.M.I.E., F.I.E.

&

Mrs. SANDESH CHAUDHRY,

M.A. (Eco), M. Ed.

Saket Enterprises

B-6, MIG - DDA Flats

Saket, New Delhi - 110017

Phone/ Fax: 91-11-6851495

E-mail: chaudhry@del3.vsnl.net.in

Dated: August 5, 1998

**FILL UP FOLLOWING PROPOSAL FORM AND MAIL TO BRIG.I. M. CHAUDHRY ALONG WITH
CHEQUE, A PHOTO COPY EACH OF VISA, PASSPORT AND FORM I-20.**

Make additional photocopies of the unfilled proposal form as required.

NATIONAL INSURANCE CO. LIMITED

(Subsidiary of General Insurance Corporation of India)

Regd. Office: 3 Middleton Street

Calcutta-700071.

Agency Code:0/47

ADDRESS OF ISSUING OFFICE

I. M. Chaudhry

B6, MIG-DDA Flats,

Saket, New Delhi-110017.

Ph./Fax:+91-11-6851495

E-mail: **Error! Bookmark not defined.****NATIONAL INSURANCE CO. LTD.**

Division No. 23,Palika Bhawan

R.K.Puram,New Delhi-110017.

PROPOSAL FORM FOR OVERSEAS MEDICLAIM POLICY (E & S)**ELIGIBILITY**

This Insurance is specially designed for you if you are an Indian Citizen residing or will be proceeding shortly temporarily outside India solely for the purpose of EITHER:

1. furthering your education; or
2. engaging in research activities; or
3. temporary posting in a sedentary non manual work, provided you are a holder of an appropriate and valid visa for the same purpose issued by the authorities in India.

IMPORTANT NOTICES

If a spouse or a child accompanying you is/ are also to be covered, separate proposal form should be completed by each accompanying person.

You must complete and sign the PROPOSAL FORM to the best of your knowledge and belief and all material facts* must be disclosed. An adult may complete and sign on behalf of his child aged 18 years or less.

* A material fact is one that is likely to influence the acceptance or assessment of the Proposal. You should consult the Insurance Company if you are in any doubt as to what constitutes a material fact.

1.0 PERSONAL DETAILS:

1.1 Name (Mr./ Mrs./ Miss/ Master)

(BLOCK LETTERS)

1.2 Sex: Male/ Female

1.3 Date of Birth: _____/_____/____/

DD MM YY

Age_____

1.4 Height_____

Weight_____

1.5. Passport No._____

1.6 Date of Issue:_____

1.7 Type of Visa Held: F.1.____J.1.____Other_____

1.8 State Type_____

1.9 Is the Proposed person a spouse or child of the insured person(Participant), if so state Policy/Passport Number of Participant:_____

2.0 Your address in India:_____

Tel. No._____

2.1 Your Next of Kin (Mr./ Mrs./ Miss.)_____

2.2 Relationship:_____

2.3 Address_____

3.0 **YOUR COUNTRY OF VISIT:**

3.1 Country of Studying or Posting: _____

3.2 Address in country of studying or Posting: _____

Telephone No. _____

4.0 Brief details of nature of future studies/ research and activities/or employment/ employment to be undertaken: _____

From: _____/_____/ To _____/_____/

MM YY

MM YY

4.1 Name and Address of **Indian Sponsor: _____

***(Person ex-India, if any, providing
Financial Support. If financial support
is being provided by your self/
Institution, indicate accordingly).*

Relationship _____

5.0 Period of Insurance required: _____ months.

5.1 Commencement Date: _____ DD/_____ MM/ _____ YY

5.2 Total period of Months that you are intending to study/ work in the country of study/ posting: _____ months

6.0 **YOUR MEDICAL HISTORY:**

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO (A DASH IS NOT SUFFICIENT

6.1 Are you in good health and free from physical defect or infirmity: _____

6.2 Do you normally enjoy god health: _____

6.3 Have you ever suffered from:

(a) any nervous or mental condition, fainting episode, blackout fit or paralysis of any kind: _____

(b) high blood pressure, a heart condition, hemorrhoids, varicose veins, or other circulatory disorder, rheumatic fever or diabetes: _____

(c) a "slipped disk" or other spinal disorder, hernia, or any rheumatic or arthritic condition: _____

(d) any respiratory, urinary or allergic condition, or any disorder of the stomach or bowels: _____

(e) any other condition requiring specialist consultation or surgical or hospital treatment: _____

(f) any symptom or tendency that might necessitate such consultation or treatment in the future: _____

6.4 Have you any intention of engaging in winter sports or any other sports or pastimes rendering you liable to personal injury: _____

6.5 Are there any additional facts affecting the proposed insurance which should be disclosed to the insurers: _____

- 6.6 Name and address of your usual medical physician in India:_____ Telephone No.:_____
- 7.0 Please attach a copy of your medical report, if any, which was required for Entry Visa or Application to study:
- 7.1 If your answer is YES to any questions from (a) to (f), please give full details with dates:
- 8.0 **DECLARATION:**
(Please read IMPORTANT NOTICES above before your signing)

I hereby declare and warrant that the above statements are true and complete, I consent to the Insurance Company and/ or their appointed claims Administrator seeking medical information from any Doctor who has at any time attended concerning anything which affects my physical and mental health, and I authorise the giving of such information. I agree that this proposal shall form the basis of the contract of Insurance. I am willing to accept the Policy, subject to the terms, exceptions and conditions prescribed by the Insurance Company therein.

Date: ____/____/____/ Place _____ Signature: _____
 DD MM YY

- 9.0 **STUDY:**
If you are under 18 years old and/or residing with your parent(s),one of your parents must confirm the accuracy of the information provided in this proposal by signing below.

Date : ____/____/____/ Place _____ Signature: _____
 DD MM YY

- 10.0 **EMPLOYMENT:**
If you are being posted overseas by an Indian Employer, the competent official of your Company must confirm the accuracy of the information provided in this proposal by signing below.

Employer’s competent official’s signature:_____

Date:____/____/____/ Place: _____
 DD MM YY

IMPORTANT

IF YOU ARE NOT ABLE TO SIGN THIS DECLARATION AND WARRANTY AT THE TIME OF PROPOSAL, OR HAVING SIGNED THE DECLARATION AND THEREAFTER CIRCUMSTANCES CHANGE BEFORE THE FIRST DAY OF INSURANCE WHEREBY THE DECLARATION IS RENDERED INVALID, YOU MUST INFORM THE INSURANCE COMPANY FOR FURTHER ADVICE.

UNDERTAKING

I, Mr./ Mrs./ Miss/ Master _____ do hereby agree and undertake to refund to the Insurance Company providing the insurance (hereinafter referred to as the Insurers) all medical related expenses, made by the Insurer’s Claim Administrators on my behalf which expenses are found to be not payable as per terms and conditions of the Policy and which expenses are required to be reimbursed by the Insurers of the Claims Administrator under the agreement made between the Insurers and their Claim Administrator. Such payments would be refunded by me to the Insurers in Indian rupees immediately.

Date: ____/____/____/ Place: _____ Signature of oposer:_____

