



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

PROPOSAL FORM FOR TRAVEL PROTECTOR POLICY

SPECIFIED TRIP COVER

	GOLD 500		GOLD 250		GOLD 100		SILVER		BRONZE	
	worldwide		World wide		worldwide		Excluding USA, Canada, Switzerland		Excluding USA, Canada, Switzerland	
	Sum Insured	Excess	Sum Insured	Excess	Sum Insured	Excess	Sum Insured	Excess	Sum Insured	Excess
	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$
a) Medical expenses	500,000	100	250,000	100	100,000	100	250,000	100	50,000	100
This Medical Expense would also include the following expenses.										
i) Dental treatment	250	100	250	100	250	100	250	100	250	100
ii) Transport of Mortal remains or burial at local place	7000	100	7000	100	7000	100	7000	100	7000	100
b) Hospital Daily Allowance	30/day for 20 days	48 hrs	30/day for 20 days	48 hrs	N.A.	-	30/day for 20 days	48 hrs	N.A.	
c) Total loss of Checked Baggage	1000	-	1000	-	1000		1000	-	500	-
d) Delay of Checked Baggage	150	12 hrs	150	12 hrs	150	12 hrs	150	12 hrs	100	12 hrs
e) Loss of Passport	200	-	200	-	200	-	200	-	200	-
f) Hijacked distress Allowance	125 / day for 7 days.	12hrs	N.A.		N.A.		N.A.		N.A.	
g) Financial Emergency Assistance	250	-	N.A.		N.A.		N.A.		N.A.	
h) Personal Accident during travel	25,000		25,000	-	25,000	-	25,000	-	15,000	-
i) Personal liability	100,000		100,000	-	100,000	-	100,000	-	N.A.	

Note: You have an option of opting Personal Accident or Personal Liability or both Personal Accident and Personal liability

ANNUAL COVER

A	SUM INSURED OF US \$ 250,000				B	SUM INSURED OF US \$ 500,000			
GOLD	Worldwide.				SILVER	Worldwide excluding USA, Canada & Switzerland.			
30	MAXIMUM DAYS PER TRIP.				45	MAXIMUM DAYS PER TRIP.			
	GOLD A 30 & SILVER A 30		GOLD A 45 & SILVER A 45 (Executive)		GOLD B 30 & SILVER B 30		GOLD B 45 & SILVER B 45 (Executive)		
	Sum Insured	Excess	Sum Insured	Excess	Sum Insured	Excess	Sum Insured	Excess	
	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$	
a) Medical expenses	250,000	100	250,000	100	500,000	100	500,000	100	

This Medical Expenses would also include the following expenses.								
Dental treatment	250	100	250	100	250	100	250	100
) Transport of Mortal remains or burial at local place	7000	100	7000	100	7000	100	7000	100
b) Hospital Daily Allowance	N.A.		30 / day for 20 days. **	48 hrs	N.A.		30 / day for 20 days. **	48 hrs
c) Total loss of Checked Baggage	1000	-	1000	-	1000	-	1000	-
d) Delay of Checked Baggage	150	12 hrs	150	-	150	-	150	-
e) Loss of Passport	200	-	200	-	200	-	200	-
f) Hijacked distress Allowance	N.A.		125 for 7 days. **	12 hrs	N.A.		125 for 7 days. **	12 hrs
g) Financial Emergency Assistance	N.A.		250 **		N.A.		250 **	
h) Personal Accident during travel	25000	-	25000	-	25000	-	25000	-
i) Personal liability	100,000	-	100,000	-	100,000	-	100,000	-
Gold A45, B45, Silver A45, B45 are "Executive covers" but if it is given without benefits marked in asterisk, then these are "Classic covers".								

SPECIFIED TRIP POLICY PREMIUM SCHEDULE (IN RUPEES)							
Duration of trip up to	Age	Bronze Plan	Bronze Plan (Without Personal Accident)	Silver Plan	Gold-100	Gold-250	Gold-500
10 days	1 - 40	450	410	605	805	970	1,190
	41 - 60	495	455	680	960	1,190	1,535
	61 - 70	985	910	1,310	1,870	2,330	3,020
17 days	1 -40	520	480	685	900	1,060	1,235
	41 - 60	585	545	785	1,215	1,469	1,789
	61 - 70	1,165	1090	1,520	2,150	2,620	3,220
31 days	1 -40	755	680	1,020	1,255	1,495	1,700
	41 - 60	855	780	1,230	1,664	2,037	2,543
	61 - 70	1,710	1560	2,360	3,000	3,780	4,560
45 days	1 -40	1,015	900	1,235	1,600	1,868	2,140
	41 - 60	1,155	1040	1,495	2,117	2,540	3,075
	61 - 70	2,305	2080	2,840	3,870	4,930	6,000
62 days	1 -40	1,270	1120	1,525	2,344	2,830	3,400
	41 - 60	1,455	1305	1,850	3,434	4,130	5,141
	61 - 70	2,910	2610	3,500	5,576	7,110	9,220
93 days	1 -40	1,940	1750	2,255	3,900	4,583	5,495
	41 - 60	2,235	2045	2,755	5,600	6,739	8,393
	61 - 70	4,465	4090	5,210	9,293	11,420	15,060
125 days	1 -40	2,757	2532	3,362	5,253	6,262	7,756
	41 - 60	3,207	2982	3,983	7,262	8,874	11,136
	61 - 70	5,420	4970	7,010	11,730	14,820	19,360

Please Note: Service Charges 5% extra.

DISCOUNT FOR OPTING OUT OF	
PERSONAL ACCIDENT	PERSONAL LIABILITY

Duration of trip up to	1-40 yrs	41-60 yrs	61-70 yrs	1-40 yrs	41-60 yrs	61-70 yrs
10 days	45	45	90	45	45	45
17 days	45	45	90	45	45	45
31 days	90	90	180	90	90	90
45 days	145	145	290	135	135	135
62 days	190	190	380	180	180	180
93 days	245	245	490	275	275	275
125 days	275	275	550	325	325	325

PERSONAL ACCIDENT AND PERSONAL LIABILITY			
Duration of trip up to	1-40 yrs	41-60 yrs	61-70 yrs
10 days	90	90	135
17 days	90	90	135
31 days	180	180	270
45 days	280	280	425
62 days	370	370	560
93 days	520	520	765
125 days	600	600	875

Please Note: These discounts are valid only for Gold & Silver Covers.

ANNUAL CORPORATE PLAN PREMIUM SCHEDULE (IN RUPEES)						
A) Gold (Worldwide)						
Age/Plan	Gold – A30	Gold – B30	Gold – A45		Gold – B45	
			Classic	Executive	Classic	Executive
5 - 60	3350	4350	4450	5350	5700	6850
61-70	7200	9350	9400	11300	12300	14750
B) Silver (Without U.S.A., Canada & Switzerland)						
Age/Plan	Silver – A30	Silver – B30	Silver – A45		Silver – B45	
			Classic	Executive	Classic	Executive
5 - 60	2200	2850	2650	3450	3450	4500
61-70	4500	5850	5450	7150	7100	9300

Discounts and Loadings:

(Please note: Discounts are mutually excluding. Discounts and Loadings have to be added up)

- Family Discount:** If both parents buy a policy for a trip together, the discount for each child up to 16 years amounts to 50% of the normal premium
- Group Discount:** 10-20 persons 10% ; 21-50 persons 15% ; 51 and above 20 %
- Premium Loading:** 100 % for professional semi-professional sportsmen
- Premium Loading:** 200 % for dangerous kinds of sports such as parachuting, hand gliding, circus activities, polo, racing of any kind, shipping, mountaineering necessitating use of ropes/guides, diving.

(Please fill up the form carefully as any wrong answer or non-disclosure may prejudice your claim)

DETAILS OF THE INSURED			
Name of the Proposer			
Occupation			
Residential Address			
Office Address			
Contact Number	Residence		Office

	Fax No.		E-Mail	
If travelling in a group/ family, state the number of people in the group	Below 10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 50 & above <input type="checkbox"/> (Please tick the relevant option)			

DETAILS OF INSURED MEMBERS					
Name of the Insured Person(s) whether belonging to a family or group	Relationship with the Proposer	Date of Birth	Passport No.	Is he/she a professional sports person? (Please tick the relevant option) Yes <input type="checkbox"/> No <input type="checkbox"/>	Is he/she going to participate in any dangerous sports? (Please tick the relevant option) Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(If the above space is not enough, then please use extra sheets to answer in the same format)

(The below portion of the form has to be completed separately with respect to each Insured Person)

Name of the Individual:.....

TRAVEL DETAILS				
1. Plan Opted for	Specific Trip	Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold-100 <input type="checkbox"/> Gold-250 <input type="checkbox"/> Gold-500 <input type="checkbox"/> (Please tick the relevant option)		
		Do you wish to opt out of coverage a) Personal Accident <input type="checkbox"/> c) Both of them <input type="checkbox"/> b) Personal Liability <input type="checkbox"/>		
	Overseas Destinations		Maximum Number of Days of Stay	
	Annual Cover	Which plan do you want to opt for?	Plan A (US \$ 250,000) <input type="checkbox"/> Plan B (US\$ 500,000) <input type="checkbox"/> (Please tick the relevant option)	
		What is the maximum duration of each trip?	30 days <input type="checkbox"/> 45 days <input type="checkbox"/> (Please tick the relevant option)	
If 45 days are opted for, then mark the Scope of Coverage		Classic <input type="checkbox"/> Executive <input type="checkbox"/> (Please tick the relevant option)		
	Countries to be Visited	Worldwide <input type="checkbox"/> Worldwide (Without U.S.A., Canada and Switzerland) <input type="checkbox"/> (Please tick the relevant option)		

2. Purpose of Visit	Business <input type="checkbox"/> Leisure <input type="checkbox"/> (Please tick the relevant option)		
3. Proposed Date of Departure from India	(i.e. the first date of Insurance)		
4. Period of Insurance (dd /mm /yy)	From	/ /	To / /

MEDICAL DETAILS	
Please give details of any positive existence of any ailment, sickness or injury which you are suffering from	
I hereby declare that	
<ol style="list-style-type: none"> 1. I will not be travelling against the advice of a physician 2. I am not on the 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 5. I am in good health and free from physical and mental disease or infirmity 	

ATTACHMENTS TO BE ACCOMPANIED WITH THE FORM
<p>If the proposer is travelling to any country and is above 60 years</p> <p>Then the Proposal Form should be accompanied with the following:</p> <ul style="list-style-type: none"> ECG Printout with report (ECG to be carried out by cardiologists) Fasting and blood sugar and urine sugar or urine strip test report etc A Doctor's Certificate in the format given below-to be completed and signed by a Doctor with minimum M.D. qualifications conducting the test. <p>Note: 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 the policy, in respect of expenses incurred for the treatment of illness of disease shall be restricted to US \$ 10,000 only. In case of accident, however, the full sum insured would be available.</p>

DOCTOR'S CERTIFICATE—TO BE COMPLETED BY THE DOCTOR	
History	
1. Any past history of disease, operation, accidents, investigation etc.	
2. General Examination	
3. Systematic Examination	
Electrocardiography	
4. Does the attached electrocardiogram in your professional opinion show any abnormalities? If so, please describe	
5. Does the abnormality represent a current illness or disease that may possibly require medical treatment during the proposer's forthcoming trip?	
6. Does the proposer now or did he/she in the past, require medication for this abnormality?	
7. Please describe any treatment taken by the proposer in the past or being taken at present	
8. Does the urine strip test show any sugar?	
9. Do you consider that the proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his/ her health/ medical condition?	
Signature of the Doctor	
Name of the Doctor	
Qualification	



Address	
Telephone Number	

ASSIGNMENT

I do hereby assign the money payable under the policy in the event of my death torelation 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 authorise the giving of such information to Mercur Assistance Deutschland GmbH and /or their programme medical advisors

DECLARATION AND SIGNATURE

I, the undersigned hereby declare that the above given particulars are true and correct and that no material fact has been withheld and that this declaration shall be the basis of the contract between me and the IFFCO-TOKIO General Insurance Company Ltd., whose policy, subject to the terms and conditions thereof, I am willing to accept and I undertake to pay the premium when called upon to do so.

Date	Place	Signature

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