



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Important: This proposal for insurance will be the basis of any subsequent Policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your Policy when a claim is made. If you are in any doubt about the information to

OVERSEAS POLICY FOR PRAVASI BHARATIYA
UIN: IFFTIOIP22219V012122
Proposal Form

be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this Form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this Form and return it to us.

Please Answer every Question care fully

(This Insurance does not commence until the proposal is accepted and premium paid)

Proposal Details:

Name			
Address			
City	State	Pin Code	
Date of Birth	DD/MM/YYYY	Passport No.	
Passport Issue Date	DD/MM/YYYY	Passport Expiry Date	DD/MM/YYYY
Email Address		Mobile No.	
Policy documents will be sent to the above email-ID		Do you still need the physical Copy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sponsor / Company / Employer Name			
Sponsor / Company / Employer Address			
City	State	Pin Code	
Destination Country / Country of Employment			
Occupation and designation of the job for which the Emigrant is going abroad			
Details of Work Permit			
Details of Sponsored Recruiting agent			
Note: In case of an admissible claim in Section 6, Part B - Reimbursement of Termination Compensation, the claim shall be payable to the sponsored recruiting agent			
Do you have any existing disability? If yes, please give details			
Are you suffering from any disease? If yes, Please give details including the Names of medicines being taken			
Have you been Hospitalized in the past 3 years. If so please give details.			

Please give the Name and address along with Telephone Numbers of your Family Doctor			
Period of Insurance cover required	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	
Details of Family members : Please give Name of Spouse (upto 60 years) and maximum two children (upto 21 years)	Details	Spouse	Child 1
	Name		Child 2
	DOB		
	Existing Illness If any		

Nomination: In the event of death of the proposer, any payment due under the policy shall become payable to the nominee proposed in this form and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. Nominee for all other persons proposed to be insured shall be the proposer himself/herself. The following section is to be filled by the proposer:

Nominee Name	Relationship	Address and Contact details of Nominee	%

DECLARATION

- 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 anytime 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."

I also understand the following:

- This Policy is available only to valid Indian passport holders who are going as Emigrants.
- This Policy does not cover any pre-existing medical conditions that are declared or undeclared.
- This Policy does not cover any claim/ benefit/ expense if there is any change in profession, employer or country of employment.

Place:

Date:

Signature of the Proposer

SECTION 41 OF INSURANCE ACT, 1938

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 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

Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to Ten Lac Rupees.

Annexure - COVERAGE SUMMARY

Section	POLICY COVERAGE	SUM INSURED/ LIMIT
1.	Personal Accident	₹ 50,00,000/-
2.	Transportation and Airfare for Attendant	₹ 15,000/-
3.	Hospitalization expenses	₹ 1,00,000
4.	Maternity Expenses	₹ 1,00,000
5.	Hospitalisation Expenses of Insured's family members in India	₹ 1,00,000
6.	Employment Contingencies Expenses	Part A – Employment Contingencies Expenses - ₹ 15,000/- Part B - Reimbursement of Termination Compensation - ₹ 2,00,000/-
7.	Repatriation Expenses	₹ 30,000
8.	Legal Costs	₹ 50,000
9.	Loss of Passport	₹ 10,000
10.	Kidnap, Ransom and Extortion	₹ 1,00,000
11.	House Burglary Insurance	₹ 50,000
12.	Education Grant for Children	₹ 2,00,000
13.	Cremation Ceremony	₹ 20,000
14.	Daily Allowance in Case of hospitalization	₹ 5,000
15.	Unpaid Salary Coverage	Actuals