

**JET SET SECURE  
PROPOSAL FORM**

<b>IO No/Win No.</b>	:	
<b>App No</b>	:	
<b>Client Code</b>	:	
<b>Receipt No</b>	:	
<b>Payer ID</b>	:	
<b>SB / CA Account No</b>	:	
<b>Journal No / Bank Name</b>	:	

**Important Guidelines:**

- Insurance is a contract of utmost good faith. It requires of the proposer and the insured to not only disclose all material facts, but also to not suppress any material facts in response to the questions in this proposal form. It is highlighted that this proposal form is the basis of the policy contract, if and as may be issued hereon.
- Please complete all sections in capital letters and tick the appropriate boxes, wherever applicable. It is mandatory to furnish all information for fields marked with an asterisk [\*].
- Failure to disclose facts material to the assessment of the risk or providing misleading/partial information may lead to rejection of this proposal / cancellation of the policy, if and as may be issued.
- This proposal form shall have to be signed by the proposer.
- We are under no obligation to accept any proposal for insurance. Our liability will commence only when this proposal is accepted by us. Our liability shall be subject to the terms and conditions mentioned in the policy schedule, as may be issued, and the corresponding policy wordings. Our liability will not arise, unless the premium amount is received by us.
- For each unique period of insurance, we will admit and acknowledge only one insurance cover, from amongst the available plan options for the age bands to which the proposer and/or the proposed insured persons belong.

<b>Receipt Date:</b>	<b>Branch Name:</b>	<b>Branch Code:</b>
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**I. PROPOSER DETAILS (It is mandatory to furnish all information under proposer details section)**

Proposer Name\* :  Mr.  Mrs.  Ms.  Mx.

Date of Birth\* : 

D	D	M	M	Y	Y
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 Age (in years) :

Marital Status\* :  Married  Single  Widow / Widower  Divorcee

Nationality\* :  Indian  NRI  Others (please specify)

Gender\* :  Male  Female  Third Gender E-mail ID\* :

Occupation :  Self Employed  Salaried  Homemaker  Retired  Student  
 Others (please specify) :

PAN Number : (Mandatory where the premium exceeds Rs. 50,000/- in cash and where premium exceeds Rs. One Lakh in any mode)

Permanent Address :  
 Landmark : City / Town :  
 District : Pin Code :  
 Telephone No.\* : Mobile No.\* :

Present Address: Landmark : City / Town :  
 District : Pin Code :  
 Telephone No.\* : Mobile No.\* :  
 (If same as above, please tick here)

Are you an existing Generali Central customer? \* :  Yes  No

If yes, existing policy no. : Customer ID No. :

Proposed Policy Period : 

FROM	D	D	M	M	Y	Y	Y	Y	TO	D	D	M	M	Y	Y	Y	Y
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Purpose of Travel :  Business  Employment/ Work  Study  Visiting Family/Friends  
 Leisure  Pilgrimage  Others <<Specify Details>>

Mode of Travel :  Air  Water  Land

If you are Differently Abled, please tick mark on the checkbox to provide confirmation?

If yes, kindly provide the below details

Type of Impairment :  
 Percentage of Impairment :  
 UDID Number :

**II. PLAN DETAILS**

Trip Type:	<input type="checkbox"/> Overseas – Single Trip (Select Variant under each Plan Type)  <input type="checkbox"/> Standard <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Senior Citizen (Applicable for Insured Person Aged 71 years to 90 Years)	<input type="checkbox"/> Overseas – Annual Multi Trip (Select Variant under each Plan Type)  <input type="checkbox"/> Gold Plus <input type="checkbox"/> Platinum Plus <input type="checkbox"/> Senior Citizen Plus (Applicable for Insured Person Aged 71 years to 90 Years)	<input type="checkbox"/> Student (Applicable for Insured Person Aged 16 years to 50 years)  <input type="checkbox"/> Standard <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum
Max Trip Duration Limit	<hr/> Max up to 180 Days	Per Trip <input type="checkbox"/> 30 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days	<hr/> Max up to 730 Days OR Study Period (whichever is less)

**III. COVERAGE DETAILS < Refer Product Benefit Table for Sum Insured Limit and Deductible applied as per plan opted> (The Plan, Sum Insured and optional benefits opted will be same and applicable at policy level on individual basis for all Insured in the policy) Please select (tick mark) all the required options from those available under the same plan. E.g. If Standard plan is selected, then you will need to select the required benefit options available under the standard plan only.**

**BASE COVERAGE\***

Trip Type	Overseas – Single Trip/Student Policy					Annual Multi Trip		
Plan Name	Standard	Silver	Gold	Platinum	Senior Citizen (71 years to 90 years)	Gold Plus	Platinum Plus	Senior Citizen Plus (71 years to 90 years)
Emergency Medical Expenses	<input type="checkbox"/> USD 50K <input type="checkbox"/> USD 1 L	<input type="checkbox"/> USD 1 L <input type="checkbox"/> USD 2 L	<input type="checkbox"/> USD 2 L <input type="checkbox"/> USD 2.5 L	<input type="checkbox"/> USD 3.5 L <input type="checkbox"/> USD 5 L	<input type="checkbox"/> USD 35 K <input type="checkbox"/> USD 50 K <input type="checkbox"/> USD 1 L	<input type="checkbox"/> USD 2 L <input type="checkbox"/> USD 2.5 L	<input type="checkbox"/> USD 3.5 L <input type="checkbox"/> USD 5L	<input type="checkbox"/> USD 35 K <input type="checkbox"/> USD 50 K <input type="checkbox"/> USD 1 L

Note:

- (a) Emergency Medical Evacuation, Emergency outpatient Treatment & Continuation of Medical Treatment in India covered within Emergency Medical Expenses Sum Insured.
- (b) Repatriation of Remains – Covered up to USD 10K or 10% of the Sum Insured (as per plan opted) within Emergency Medical Expenses Sum Insured.
- (c) Other Base coverage benefits limits defined in the Policy Schedule of this Policy (as per plan opted)

**OPTIONAL COVERS**

Trip Type	Overseas – Single Trip/Student Policy	Annual Multi Trip

Waiver of Medical Sublimit (common for all plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Existing Disease Cover	<input type="checkbox"/> USD 5K	<input type="checkbox"/> USD 5 K	<input type="checkbox"/> USD 10K	<input type="checkbox"/> USD 15K	<input type="checkbox"/> USD 5 K (Applicable for Age 71-80 Yrs.) USD 1.5 K (Applicable for Age 81-90 Yrs.)	<input type="checkbox"/> USD 10K	<input type="checkbox"/> USD 15K	<input type="checkbox"/> USD5K (Applicable for Age 71-80 Yrs.) USD 1.5 K (Applicable for Age 81-90 Yrs.)
Daily Hospital Allowances (Max 5 days per trip)	<input type="checkbox"/> USD 25 per day	<input type="checkbox"/> USD 25 per day	<input type="checkbox"/> USD 35 per day	<input type="checkbox"/> USD 40 per day	<input type="checkbox"/> USD 25 per day	<input type="checkbox"/> USD 35 per day	<input type="checkbox"/> USD 40 per day	<input type="checkbox"/> USD 25 per day
Additional Sum Insured for Accidental Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death & Disablement – Common Carrier (AD, PTD & PPD)	<input type="checkbox"/> USD 3K <input type="checkbox"/> USD5 K <input type="checkbox"/> USD7 K <input type="checkbox"/> USD10 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD5 K <input type="checkbox"/> USD7 K <input type="checkbox"/> USD10 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD5 K <input type="checkbox"/> USD7 K <input type="checkbox"/> USD10 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD5 K <input type="checkbox"/> USD7 K <input type="checkbox"/> USD10 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD5 K <input type="checkbox"/> USD7 K <input type="checkbox"/> USD10 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD5 K <input type="checkbox"/> USD7 K <input type="checkbox"/> USD10 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD5 K <input type="checkbox"/> USD7 K <input type="checkbox"/> USD10 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD5 K <input type="checkbox"/> USD7 K <input type="checkbox"/> USD10 K
Home to Home Cover	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L <input type="checkbox"/> INR 10 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L <input type="checkbox"/> INR 10 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L <input type="checkbox"/> INR 10 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L <input type="checkbox"/> INR 10 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 2 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L <input type="checkbox"/> INR 10 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L <input type="checkbox"/> INR 10 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 2 L
Mobility Aids	<input type="checkbox"/> USD 150 <input type="checkbox"/> USD 250 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 150 <input type="checkbox"/> USD 250 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 150 <input type="checkbox"/> USD 250 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 150 <input type="checkbox"/> USD 250 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 250	<input type="checkbox"/> USD 500	<input type="checkbox"/> USD 150
Lifestyle Support	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 500	<input type="checkbox"/> USD 750	<input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 500
Compassionate Visit	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	NA	<input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 1K	NA
Compassionate Stay	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K	NA	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K	NA
Emergency Reunion & Resumption of trip	<input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2K	NA	<input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2K	NA
Political Risk & Catastrophic Evacuation	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD 4 K <input type="checkbox"/> USD 7.5 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD 4 K <input type="checkbox"/> USD 7.5 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD 4 K <input type="checkbox"/> USD 7.5 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD 4 K <input type="checkbox"/> USD 7.5 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD 4 K <input type="checkbox"/> USD 7.5 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD 4 K <input type="checkbox"/> USD 7.5 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD 4 K <input type="checkbox"/> USD 7.5 K	<input type="checkbox"/> USD 3 K <input type="checkbox"/> USD 4 K <input type="checkbox"/> USD 7.5 K
Common Carrier Delay	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500
Missed Connection	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 250 <input type="checkbox"/> USD 300 <input type="checkbox"/> USD 500
Child Escort	<input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 2.5K	<input type="checkbox"/> USD 2.5K	NA	<input type="checkbox"/> USD 2.5K	<input type="checkbox"/> USD 2.5K	NA
Loss of Gadgets (Laptop, Tablet, Mobile)	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1K <input type="checkbox"/> USD 2K

Phone & Camera)								
Bounced Booking - Hotel / Common Carrier	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K
Car Rental Excess Cover	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K
Adventure Sports Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA
Home Contents	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 1.5 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 1.5 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 1.5 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 1.5 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 1.5 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 1.5 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 1.5 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L	<input type="checkbox"/> INR 1 L <input type="checkbox"/> INR 1.5 L <input type="checkbox"/> INR 2 L <input type="checkbox"/> INR 5 L
Pet Care	<input type="checkbox"/> INR 2 K <input type="checkbox"/> INR 3 K <input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 7.5 K	<input type="checkbox"/> INR 2 K <input type="checkbox"/> INR 3 K <input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 7.5 K	<input type="checkbox"/> INR 2 K <input type="checkbox"/> INR 3 K <input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 7.5 K	<input type="checkbox"/> INR 2 K <input type="checkbox"/> INR 3 K <input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 7.5 K	<input type="checkbox"/> INR 2 K <input type="checkbox"/> INR 3 K <input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 7.5 K	<input type="checkbox"/> INR 2 K <input type="checkbox"/> INR 3 K <input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 7.5 K	<input type="checkbox"/> INR 2 K <input type="checkbox"/> INR 3 K <input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 7.5 K	<input type="checkbox"/> INR 2 K <input type="checkbox"/> INR 3 K <input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 7.5 K
Travel with Pet Cover	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2 K
Legal Expenses	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K
Mugging Benefit	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K
Golfer's Hole-in-one	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K
Sports Equipment Cover	<input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2.5 K <input type="checkbox"/> USD 3.5 K	<input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2.5 K <input type="checkbox"/> USD 3.5 K	<input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2.5 K <input type="checkbox"/> USD 3.5 K	<input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2.5 K <input type="checkbox"/> USD 3.5 K	<input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2.5 K <input type="checkbox"/> USD 3.5 K	<input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2.5 K <input type="checkbox"/> USD 3.5 K	<input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2.5 K <input type="checkbox"/> USD 3.5 K	<input type="checkbox"/> USD 1K <input type="checkbox"/> USD 1.5 K <input type="checkbox"/> USD 2.5 K <input type="checkbox"/> USD 3.5 K
Weather Protection	<input type="checkbox"/> USD 200 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 200 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 200 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 200 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 200 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 200 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 200 <input type="checkbox"/> USD 500	<input type="checkbox"/> USD 200 <input type="checkbox"/> USD 500
Debit Card / Credit Card / Forex Card Fraud	<input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 10 K <input type="checkbox"/> INR 20 K	<input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 10 K <input type="checkbox"/> INR 20 K	<input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 10 K <input type="checkbox"/> INR 20 K	<input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 10 K <input type="checkbox"/> INR 20 K	<input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 10 K <input type="checkbox"/> INR 20 K	<input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 10 K <input type="checkbox"/> INR 20 K	<input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 10 K <input type="checkbox"/> INR 20 K	<input type="checkbox"/> INR 5 K <input type="checkbox"/> INR 10 K <input type="checkbox"/> INR 20 K
Identity Theft	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K
Cruise Cover	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 750 <input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 2 K
Substitute Employee Expenses	<input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 2K	<input type="checkbox"/> USD 2.5 K	<input type="checkbox"/> USD 2.5 K	NA	<input type="checkbox"/> USD 2.5 K	<input type="checkbox"/> USD 2.5 K	NA
<b>OPTIONAL COVER APPLICABLE ONLY FOR STUDENTS</b>								
Bail Bond	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1 K	<input type="checkbox"/> USD 500 <input type="checkbox"/> USD 1 K	NA	NA	NA	NA

	<input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 2 K	<input type="checkbox"/> USD 2 K				
Cancer Screening & Mammography Cover	<input type="checkbox"/> USD 100 <input type="checkbox"/> USD 150 <input type="checkbox"/> USD 200	<input type="checkbox"/> USD 100 <input type="checkbox"/> USD 150 <input type="checkbox"/> USD 200	<input type="checkbox"/> USD 100 <input type="checkbox"/> USD 150 <input type="checkbox"/> USD 200	<input type="checkbox"/> USD 100 <input type="checkbox"/> USD 150 <input type="checkbox"/> USD 200	NA	NA	NA	NA
Sponsor Protection	<input type="checkbox"/> USD5 K <input type="checkbox"/> USD 7.5 K <input type="checkbox"/> USD 10 K	<input type="checkbox"/> USD5 K <input type="checkbox"/> USD 7.5 K <input type="checkbox"/> USD 10 K	<input type="checkbox"/> USD5 K <input type="checkbox"/> USD 7.5 K <input type="checkbox"/> USD 10 K	<input type="checkbox"/> USD5 K <input type="checkbox"/> USD 7.5 K <input type="checkbox"/> USD 10 K	NA	NA	NA	NA
Study Interruption	<input type="checkbox"/> USD5 K <input type="checkbox"/> USD 7.5 K <input type="checkbox"/> USD 10 K	<input type="checkbox"/> USD5 K <input type="checkbox"/> USD 7.5 K <input type="checkbox"/> USD 10 K	<input type="checkbox"/> USD5 K <input type="checkbox"/> USD 7.5 K <input type="checkbox"/> USD 10 K	<input type="checkbox"/> USD5 K <input type="checkbox"/> USD 7.5 K <input type="checkbox"/> USD 10 K	NA	NA	NA	NA
Maternity & New-born Baby Cover	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K	<input type="checkbox"/> USD 1 K <input type="checkbox"/> USD 1.5 K	NA	NA	NA	NA

**Please provide details of Insured Persons, Benefit and Coverage required.**

**Family Definition:** Self, Spouse & 4 Dependent Children, Parents and Parents-in-Law

	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Insured member						
Relationship to the Proposer						
Date of Birth						
Height						
Weight						
Gender						
Nationality						
Email Id						
Aadhaar No.						
ABHA No.^^						
Passport No.						
Passport Expiry Date						
Profession/ Designation/ Category/ position						
Nature of Duty						
Trip Start date/ Coverage Commencement Date						
Trip End Date						
No. of Travel days						

City of residence						
Area/s of Cover	<input type="checkbox"/> Worldwide including USA & Canada <input type="checkbox"/> Worldwide excluding USA & Canada	<input type="checkbox"/> Worldwide including USA & Canada <input type="checkbox"/> Worldwide excluding USA & Canada	<input type="checkbox"/> Worldwide including USA & Canada <input type="checkbox"/> Worldwide excluding USA & Canada	<input type="checkbox"/> Worldwide including USA & Canada <input type="checkbox"/> Worldwide excluding USA & Canada	<input type="checkbox"/> Worldwide including USA & Canada <input type="checkbox"/> Worldwide excluding USA & Canada	<input type="checkbox"/> Worldwide including USA & Canada <input type="checkbox"/> Worldwide excluding USA & Canada
Overseas Address						
Visa Type*	<input type="checkbox"/> Immigrant <input type="checkbox"/> Non-Immigrant	<input type="checkbox"/> Immigrant <input type="checkbox"/> Non-Immigrant	<input type="checkbox"/> Immigrant <input type="checkbox"/> Non-Immigrant	<input type="checkbox"/> Immigrant <input type="checkbox"/> Non-Immigrant	<input type="checkbox"/> Immigrant <input type="checkbox"/> Non-Immigrant	<input type="checkbox"/> Immigrant <input type="checkbox"/> Non-Immigrant
Is the Insured currently in India	<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
Visa Validity (From – To)						
Mobile No. & Any Other contact No. while overseas						

**Information to be completed by the Student Travelling overseas on Student Visa for full time college or school education**

Name of Student	
Date of Birth	
ABHA No <sup>^^</sup>	
Name of University	
Course Name	
Course duration	
Date of commencement of course	
Date of conclusion of course	
University Address	
Number of semesters	
Tuition fee Structure	
Fees paid by (Self, Parents, Others, If Fees Sponsored, please give more details)	
Details Sponsor	Name & Address: Relationship with insured: Contact No: Date of Birth of Sponsor: Email Id:
Any Medical information which you may want insurer to know?	

<sup>^^</sup>Please provide ABHA numbers (Ayushman Bharat Health Account number) for all the proposed insured. In case the ABHA numbers are not available for any insured Person, Proposer/Group Manager may request the insured Person to create their ABHA numbers by visiting the web link: <https://healthid.ndhm.gov.in/register>

**IV. NOMINEE DETAILS**

In case the Policyholder (Presently, proposer) dies, payments due under the policy that may be issued shall be payable to the credit of the nominees identified through this proposal. Nominee(s) for the proposal shall, preferably, be an immediate relative of the Proposer. Vide insurable interest of the proposer in the other persons proposed to be insured, the proposer is construed as nominee for such other persons, unless differently advised.

Sr No	Particulars	Nominee 1	Nominee 2	Nominee 3	Nominee 4
1	Name				
2	Age				
3	Mobile No.				
4	Email ID				

5	Present Address				
6	Permanent Address (If same as above, please tick here) <input type="checkbox"/>				
7	Relationship with the Proposer				
8	Specify the Percentage (%) of Claim amount payable to each nominee in the event of the policyholder's death. The total percentage of contribution across all the nominee(s) must not exceed 100%				
9	Bank details of the nominee				
9a.	Account No.				
9b.	IFSC/MICR Code				
9c.	Name of the Bank				
9d.	Account Holder Name				
Appointee Details (Required only if the nominee is a minor)					
Sr No	Particulars	Appointee 1	Appointee 2	Appointee 3	Appointee 4
1	Name				
2	Age				
3	Mobile No.				
4	Email ID				
5	Present Address				
6	Permanent Address (If same as above, please tick here) <input type="checkbox"/>				
7	Relationship with Appointee				
8	Specify the Percentage (%) of Claim amount payable to each nominee in the event of the policyholder's death. The total percentage of contribution across all the nominee(s) must not exceed 100%				
9	Bank details of the Appointee				
9a.	Account No.				
9b.	IFSC/MICR Code				
9c.	Name of the Bank				
9d.	Account Holder Name				

**V. MEDICAL AND HEALTH INFORMATION\***

Please answer below mentioned questions	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
---	-----------	-----------	-----------	-----------	-----------	-----------

1	Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	<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
If response to question no 1 is no against any insured, please provide details below.							
a	Cancer / Leukemia / Malignant tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Chronic obstructive lung disease / Progressive lung disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Thalassemia / Anemia other than iron deficiency anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Insulin dependent diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Cardiac ailments. (Other than where Angioplasty or Bypass done 1 year prior to trip start date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Major organ failure (Kidney / Liver / Heart / Lungs etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Neurological disorder / Stroke / Paralysis / Coma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Hepatitis B or C / Crohns disease / Ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Autoimmune disorder / Systemic Lupus Erythematosus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Others (Please Specify in the table below - VII)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Is any of the female insured pregnant? If yes, please mention the expected date of delivery (Applicable if student cover opted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Any pre-existing Disease will not be covered unless optional cover Section 4.2.2(Pre-Existing Disease Cover) opted.

**VI. ADDITIONAL INFORMATION \***

If any of the proposed insured person is suffering from/suffered in the past/taking treatment for any illness/disease or injury and the same is declared in above Section -VI, then please provide further details

Insured Name	Name of Illness/ Surgery	Date of first diagnosis	Medication Details- No/Yes. (If yes, please provide details)	Are you fully cured? Yes/No
		MM/YYYY		
		MM/YYYY		
		MM/YYYY		
		MM/YYYY		
		MM/YYYY		
		MM/YYYY		

**VII. PREMIUM PAYMENT AND BANK DETAILS\***

E-Aadhar mandate  Please provide the Bank Name :

\*Link will be sent to the registered mobile number mentioned in the Proposal Form for activating E-mandate/E-NACH. If the same is not activated, the subsequent instalment will not be auto debited, and risk will not be covered.

The updated list of eligible Banks for E-mandate/E-NACH is available under National Payments Corporation of India (NPCI) website

<https://www.npci.org.in/>

**Payment Details:**

Payment Option :  Cheque  Demand Draft  Fund Transfer  Pay Order  Debit Card





	Credit Card	<input type="checkbox"/>	Cash	<input type="checkbox"/>
Premium Amount	: ₹		Amount in Words:	
Account Holder Name	:	_____		
Instrument Number	:	_____	Instrument Date	: _____
Instrument Amount	:	_____	Bank Name	: _____
GSTIN	:	_____	(If more than one GSTIN, kindly attach an annexure with details)	

Please fill up the request for authorization form attached with this Proposal Form to receive Claim / Refund Payments, if any, directly into your bank account through NEFT. It is necessary where the premium is more than ₹ 10,000/-.

**VIII. ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER**

(Email Id is mandatory)

Do you have an EIA :  Yes  No      If No, do you wish to apply for EIA :  Yes  No

If yes, please quote the EIA number : <<\_\_\_\_\_>>

If applied, please mention your preferred Insurance Repository : <<\_\_\_\_\_>>

Email Id (Registered with Insurance Repository) : <<\_\_\_\_\_>>

Your Policy will be credited in your EIA account and your address details as mentioned in the EIA shall override the address provided in this proposal for Insurance. We request you to inform the Repository of any changes in the details immediately.

**IX.** True to our Go Green initiative, we will send the digitally signed and authenticated policy document to your e-mail address, as you've mentioned in this proposal, and you may download and save a copy of it. If you still wish for a physical copy, you may tick on this box

Yes  No

**X. DECLARATION**

- 1) 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 authorised to propose on behalf of these other persons.
- 2) 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.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) I further declare that:
  - There is no other material / relevant information, that has not been disclosed to GCICL and if any information given in this proposal is found to be untrue, the Insurance policy shall be void ab initio and the premium shall be forfeited to GCICL.
  - I agree to receive Service-related information from GCICL and its service providers, through electronic and telecom modes including WhatsApp and further understand that no unsolicited information will be sent to me.
  - The information/ data provided by me through this Proposal Form, to GCICL and / or GCICL authorized personnel / agency shall be stored by GCICL, throughout the currency of my relationship with GCICL and used for the purpose relating to my proposal for insurance cover and or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data.
- 7) I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that GCICL reserves the right to call for documents and information to establish the source of funds and has also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law
- 8) I/We hereby confirm that the premium payment have been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account.
- 9) I am (please tick all that are applicable)  HNI  NRI  Politically Exposed Person  Jeweller  NPO/NGO  Film Actor  Producer  Others  
If you are an NPO/NGO, please provide Niti Aayog – Darpan Portal registration number \_\_\_\_\_  
^Non-profit organization means any entity or organization, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.
- 10) I agree that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I understand that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/privacy-policy>
- 11) **ABHA Declaration (Applicable only if you have shared the ABHA number with Us)** - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (ABHA No) for the proposed Insured Persons, with Generali Central Insurance Company Limited, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services.
- 12) I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the above-mentioned mobile phone number/email address.  
It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.
- 13) **"Bima – ASBA Declaration (Please tick the box if you want to utilize the Bima-ASBA facility)**  
 I hereby accord my consent to authorise Generali Central Insurance Company Limited to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount"

**Optional Declaration:**

I hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third-party vendor  Yes /  No

*Note: I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the \* Prospectus/ Product by the Intermediary/Agent to my/our satisfaction (\*to download a copy of the Prospectus and for further details about the product, please visit our website: <https://generalicentralinsurance.com>)*



Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Proposer Name: \_\_\_\_\_ Signature / Thumb Impression of Proposer: \_\_\_\_\_

**XI. A INTERMEDIARY DECLARATION**

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. I have further informed the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. I have also explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited to GCICL.

**XI. B VERNACULAR DECLARATION**

*# applicable only when proposer has signed in thumb impression and is witnessed by someone other than agent/ employee of GCICL*

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction.  
 I hereby declare that I have clearly explained the content of this form to the proposer and the proposer has affixed the thumb impression above after fully understanding the content thereof.

Name of Witness : \_\_\_\_\_ Signature of Witness : \_\_\_\_\_

Date : \_\_\_\_\_ Place : \_\_\_\_\_ Signature of Agent / Intermediary : \_\_\_\_\_

**XI. C DECLARATION BY AUTHORIZED REPRESENTATIVE OR PERSON WITH DISABILITY**

I, Mr./Ms. \_\_\_\_\_, authorize Mr./Ms. \_\_\_\_\_ as my authorized representative to act on my behalf, and for all the persons proposed to be insured, in all matters related to this health insurance proposal, including but not limited to:

- a) Discussing and obtaining relevant information regarding the health insurance coverage, benefits, features and claims;
- b) Providing personal and medical information required for completion and processing of this proposal;
- c) Taking decisions regarding my application/ proposal, claims, servicing requirement and discharge processes, related to the health insurance policy that GCICL may issue;
- d) Coordinate with designated service providers engaged with/by GCICL for administration of the insurance cover; and
- e) Signing necessary documents in relation to this health insurance proposal and any other decisions relating to/arising therefrom.

Signature of Proposer : \_\_\_\_\_

Name of Authorized Representative : \_\_\_\_\_ Relationship with the Proposer : \_\_\_\_\_

Address : \_\_\_\_\_ Contact No : \_\_\_\_\_

Signature of the Authorized Representative : \_\_\_\_\_

Date : \_\_\_\_\_

Name of Witness : \_\_\_\_\_ Signature of Witness : \_\_\_\_\_

Date : \_\_\_\_\_ Place : \_\_\_\_\_

**OR**

I, Mr./Ms. \_\_\_\_\_, have been authorized by Mr./Ms. \_\_\_\_\_, as their representative to act on their behalf in all matters related to this health insurance proposal, including but not limited to:

- a) Discussing and obtaining relevant information regarding the health insurance coverage, benefits, features and claims;
- b) Providing personal and medical information required for completion and processing of this proposal;
- c) Taking decisions regarding my application/proposal, claims, servicing requirement and discharge processes, related to the health insurance policy that GCICL may issue;
- d) Coordinate with designated service providers engaged with/by GCICL for administration of the insurance cover; and
- e) Signing necessary documents in relation to this health insurance proposal and any other decisions relating to/arising therefrom.

Name of Authorized Representative	:	Relationship with the Proposer	:
Address	:	Contact No	:
Signature of the Authorized Representative	:	Date	:
Name of Witness	:	Signature of Witness	:
Date	:	Place	:

**Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)**

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 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 prospectus or tables of the insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**FOR OFFICE USE ONLY**

Intermediary Name	:	Intermediary Code	:
Sales Manager Name	:	Sales Manager Code	:
POSP Name & Code:	:	POSP PAN Number	:



**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited)**  
 | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083  
 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: [www.generalicentralinsurance.com](http://www.generalicentralinsurance.com) |  
 Email ID: [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) |  
 Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800  
 ISO No.: GCH/HP/JSS/PFM/001