

## Easy Travel Insurance Proposal Form



www.apollomunichinsurance.com

Application No. : 000308572

We are under no obligation to accept any proposal for insurance. If we accept a proposal for insurance, it shall be subject to the Policy terms and conditions and we shall have no liability to make any payment under the Policy if premium is not received by us in full and in time, or is not realized.

### 1. PROPOSER DETAILS

Proposer : (Mr./Ms./Mrs.)	Anirudha Sambhaji Patil		
Address :	Timakka Nivas , Gururaj Society , pune		
City/Town :	Pune		
State :	Maharashtra	PIN Code :	411038
E-Mail :	anirudha.patil1999@gmail.com		
Telephone :		Mobile :	8600330348

Nationality : INDIAN Marital Status : Married Gender : Male

### 2. PLAN DETAIL(S)

Plan Details :	Easy Travel Individual	
Variant :	ASIAN - \$25,000	Geography : ASIAPACIFIC EXCLUDING JAPAN
Sum Insured :	\$25,000	Duration : 7 Days
Proposed Policy Period :	From 21/01/2020 To 27/01/2020	

### 3. PROPOSED INSURED(S) DETAILS

Mr./Ms./Mrs. Name of the person to be insured	Date of Birth	Relationship to the Proposer	Gender	Sum Insured	Passport Number	Visa Type
Anirudha Sambhaji	18/05/1999	Self	Male	\$25,000	T1762501	Non-Immigrant

### 4. NOMINEE DETAILS

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. Nominee for all other persons proposed to be insured shall be the Proposer.

Nominee Name	Relationship to the Proposer
Sambhaji Patil	Father

### 5. MEDICAL INFORMATION

Have you or any of the person proposed to be insured ever suffered from/ are currently suffering from any of the following:	Insured Person 1
High blood pressure, Heart condition, Circulatory disorder, Haematological (blood) disorder	NO
Diabetes	
Disorders of the stomach/ Large or small intestine, Hernia of any kind, Haemorrhoids, Urinary disorder	
Mental condition, Nervous disorder, Fainting episode, Blackouts, Fits	
Arthritis, Disorders of the spinal cord or vertebral column like slipped disc etc, paralysis of any kind	
Cancer of any kind	
Allergies, Respiratory disorder	
Varicose veins	
Any diseases or injury requiring surgical or medical treatment	

### 6. GENERAL EXCLUSIONS

Following is an outline of the exclusions under the policy. Specific additional exclusions apply to various benefits under the policy. For more details on the exclusions & waiting periods please refer the policy wordings before purchasing this policy. We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy: War, war like operations; nuclear weapons/materials radiation of any kind; committing or attempting to commit a criminal or unlawful act; participation or involvement in naval, military or air force operation or any hazardous ; abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol; treatment of nicotine addiction or any other substance abuse; intentional self-injury or attempted suicide; obesity/morbid obesity and any weight control program; \*AIDS\* (Acquired Immune Deficiency Syndrome) and/or infection with HIV (human immunodeficiency virus), venereal disease, sexually transmitted disease; pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or illness) except in the case of ectopic pregnancy; non allopathic treatment; charges related to a Hospital stay not expressly mentioned as being covered; Personal comfort

1

## Easy Travel Insurance Proposal Form



www.apollomunichinsurance.com

and convenience items, vitamins and tonics; treatments rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; out-station consultations and referral-fees; treatments by a Medical Practitioner who shares the same residence as an Insured or a member of an Insured Person's Family; the provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy; any treatment and associated expenses for alopecia, baldness, diabetic test strips, and similar products; any treatment that is not medically necessary; where purpose of travel is to obtain medical treatment; treatment of any pre-existing condition, cancer, orthopedic, degenerative or oncology diseases unless to save life in an unforeseen emergency or to relieve acute pain; cosmetic treatment; congenital internal or external disease.

### 7. DECLARATION & WARRANTY ON BEHALF OF ALL THE PERSONS PROPOSED TO BE INSURED

☒ I/We 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/We are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable. I/We further declare that I/We 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/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

Date : 16/12/2019

### SECTION 41 INSURANCE ACT (PROHIBITION OF REBATES)

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew 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.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

### FOR OFFICE USE ONLY

Apollo Munich Health Office Code :		Advisors Code & Name :	
Branch Receipt Date :		Channel Type :	
Business Type (Urban/ Rural/ Social) :			