



# UNITED INSURANCE CO. (NEPAL) LTD.

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An ISO Certified Co.



ISO 9001:2008

## PROPOSAL FORM FOR INTERNATIONAL TRAVELLERS MEDICLAIM POLICY (Business & Holidays)

1. Name of the Proposer(s) (as stated in Passport)	:	
(a) Person to be Insured	(i)	
	(ii)	
	(iii)	
2. Home Address	:	
Telephone No.		
3. Proposer's actual occupation	:	
4. Office Address	:	
Telephone No		
5. Age in Complete years:	(i)	
Height & Weight	(ii)	
	(iii)	
6. Passport No.	:	
7. Plan opted for :	A, B, C - D, E, F, G	
	(i) <b>Worldwide including</b> USA and CANADA	
	(ii) <b>Worldwide excluding</b> USA and CANADA	
	(iii) <b>Asian Countries</b> (Thailand, Malaysia, Singapore, Philippines, North Korea, South Korea, Indonesia, China including Hong Kong & Taiwan)	
	(iv) <b>SAARC Countries</b> (India, Bangladesh, Maldives, Bhutan, Sri Lanka, Pakistan & Afghanistan)	
8. Purpose of visit	:	
9. Proposed day of departure from Nepal	:	
10. Insurance required for (Number of days)	:	
11. Countries to be visited	:	
(approximate number of days at each place)		

12. Name Registration, address and  
telephone no. of family doctor :

13. Please answer the following question with 'Yes' or 'No' only.

- a) Are you in good health free from  
Physical and Mental disease of infirmity : Yes ☐ No ☐
- b) Have you ever suffered from any illness  
or diseases upto the date of proposing the proposal : Yes ☐ No ☐
- c) Do you have any physical defect of deformity : Yes ☐ No ☐
- d) Have you ever been admitted to any Hospital /  
Nursing home / Clinic for treatment or observation : Yes ☐ No ☐
- e) If any answer is 'Yes' to any of foregoing  
question please give full particulars : Yes ☐ No ☐

f) Please give details of any knowledge of any positive existence of any ailment, sickness or injury which  
may require medical attention whilst on tour to abroad

I have declare that :-

- 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.

#### ASSIGNMENT :

I \_\_\_\_\_ do hereby assign the monies payable under the policy in the event of my death  
to \_\_\_\_\_ relation and declare that his / her receipt shall be sufficient discharge to the  
company.

I declare and warrant that the above statement are true and complete. I consent to the insurance seeking medical  
information from any doctor who has at anytime attended concerning anything which affects my physical or mental  
health and authorize the giving of such information to **Specialty Assistance**.

I agree that this proposal shall be the basis of the contract and willing to accept the policy subject to the terms,  
conditions and exceptions as prescribed therein.

Date :

Signature of Proposer(s)