UNITED INSURANCE CO. (NEPAL) LTD.

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An ISO Certified Co.

BM TRADA CERTIFICATION
ISO 9001:2008

UKAS QUALITY MANAGEMENT
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ISO 9001:2008

PROPOSAL FORM FOR INTERNATIONAL TRAVELLERS MEDICLAIM POLICY

(This insurance is not valid for one way trip. Please ensured that you include departure and return date information requested in the Propoal Form)

1	Name of Person to be insured (in full): Mr./Mrs./Miss:

Name:
Passport No.   Date of Birth:

Name of Travelling Dependants

Name:
Passport No.   Date of Birth:

Name:
Passport No.   Date of Birth:

Name:
Passport No.   Date of Birth:

1.1 Occupation:

2 Contact Details (including your permanent address and telephone number):

3 Details of Journey: From: To:

3.1 Purpose of Journey (Please tick as appropriate):

Holiday/Leisure		Conference/Seminar		Exhibitions/Trade Fair
Study		Training		Business
Others (Please advise)				

3.2 Selected Plan Area

3.3 Schedule of Cover : A, B, C - D, E, F, G
   (a) **Worldwide including** USA and CANADA
   (b) **Worldwide excluding** USA and CANADA
   (c) **Asian Countries** (Thailand, Malaysia, Singapore, Philippines, North Korea, South Korea, Indonesia, China including Hong Kong & Taiwan)
   (d) **SAARC Countries** (India, Bangladesh, Maldives, Bhutan, Sri Lanka, Pakistan & Afghanistan)
   (e) **Student Plan:**   (i) **Worldwide including** USA and CANADA
                          (ii) **Worldwide excluding** USA and CANADA

4 Duration of trip: From: To:

5 Contact person in case of an emergency (including their address and telephone number):
   a) Local

   b) Country of Visit

6	"Details of any condition for which you and/or any of your travelling dependants have previously taken medication, had treatment or sought medical advice for in the last two years:"

6.1	"Name, Address and Telephone Number of your and all travelling dependants regular Doctor. If you do not have a regular doctor please provide the contact details of the last doctor you saw:"

7   "Have you or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline or impose special conditions in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years? "

YES	NO	If yes please provide details

8   "MEDICAL HISTORY: Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them. This applies even if medical advice has not been sought."

9   "DECLARATION: I hereby declare that the above answers are true and complete and that I have withheld no information. I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between all insured persons and **United Insurance Co. (Nepal) Ltd.**. If the answers now given by me cease to be true and/or complete, prior to departure I undertake to give immediate written notification to the Company. "

10   Signature of Main Applicant: Date:

"Liability of **United Insurance Co. (Nepal) Ltd.** does not commence until the proposal is accepted, premium received and policy issued. Please ensure you read the policy carefully for a detailed description of cover, limits and terms and conditions."

IMPORTANT POINTS:

This policy should be read carefully, it gives full details of what is and is not covered and the conditions and exclusions of the cover. Failure to comply with them will prejudice an insured's claim.

Health Conditions

1. Nature of coverage: This policy is not a General Health Insurance. Policy Coverage is intended for use by the Insured in the event of a sudden and unexpected sickness or accident arising when the Insured is outside of his home country.
2. Pre-Existing Exclusion: This policy does not cover claims for any medical services arising from a pre-existing medical condition as defined in this policy.
3. General Health Exclusion: No claims under the policy will be paid where the Insured:
   A. is traveling against the advice of a physician; or
   B. is receiving or on a waiting list for treatment or awaiting the results of medical tests or investigations for medical treatment declared by a physician; or
   C. is traveling for the purpose of obtaining treatment; or
   D. has received a terminal prognosis for a medical condition.

Repatriation

The Insurer reserve the right to repatriate when in the opinion of the doctor in attendance and the Insurers' Medical Advisors, the insured is fit to travel.

Policy Limit and Excesses

This policy has specific limits on the amount the Insurers will pay.

All claims will be subject to an excess. This means that the Insurers will not be liable for the first part of the claim. The amount of the excess has to be paid by the Insured.

Schedule of Cover

A : Personal Accident	**B** : Medical and Emergency Expenses	**C** : Hospital Ancillary Benefit
D : Loss of Checked Baggage	**E** : Delay of Checked Baggage	**F** : Loss of Passport
G : Personal Liability	**H** : Travel Delay	**I** : Hi-jack