H Savy Insurance Co Ltd

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Travel Insurance

Proposal form

IMPORTANT NOTICE

IMPORTANT: A full answer must be given to each question. You should fully and faithfully provide all facts you know or ought to know, otherwise, you may receive nothing from the Policy.

Proposer

Title (Mr, Mrs, Miss, etc):	Surname:
Names:	
Date of Birth:	Passport Number:

Travel Details

Purpose of visit	Holiday		Business		Medical		Others (Please specify)
Countries to be visited:					Transit:		
Period of travel	From:		To:		No of days:		
Insurance plan	SIA		RSO		HSI		

- **SIA- Swan International Assistance offers 24 Hour/worldwide coverage up to USD60,000.**
- **RSO- Reiseschutz Versicherungs AG provides global travel insurance cover up to a limit of EURO 30,000.**
- **HSI- H Savy Insurance Travel Insurance offers worldwide coverage for Personal Accident, Medical Emergency Expenses and Baggage.**
- **For more details on scope of cover please contact our offices.**

Additional Members

S.No.	Insured person	Date of Birth	Purpose of visit	Insurance Plan
1.				
2.				
3.				
4.				
5.				

S. No.	Proposer	1	2	3	4	5
a) Are you suffering or have ever suffered from any illness/disease/ailment upon to the date of making this proposal? Please give details.						
b) Have you been admitted to any hospital/clinic/ for treatment or observation over the past 6 months? Please give details.						
c) Are you currently or in the past have been on any medications?						
d) Please mention the name, address and telephone number of your family doctor and/or specialist.						
e) Will you at any time during your trip be consulting a hospital or clinic for medical check-up or treatment?						
f) Have you been vaccinated against Covid 19 more than 14 days before your travel dates? State type of vaccines taken.						

- ***Please note that this insurance does not cover any pre-exis ng medical conditions or for any medical treatment/check-up that you may be going for***
- ***(Optional) Baggage includes luggage clothing and personal effects worn or taken on the journey including anticipated purchases. (FULL VALUE TO BE STATED)***
- ***Exclusion- Laptops & other portable electronic devices, jewellery, watches & cash.***
- ***Kindly attached copy of passports for all travellers and proof of vaccination.***

Proposer Declaration

I hereby declare that the Insured Person(s) listed above-

- Is/Are not travelling against the advice of a physician
- Is/Are not travelling for the purpose of medical treatment
- I/We have not received a terminal prognosis for a medical condition before this day
- I/We have read the Policy Terms and conditions and have accepted the same
- I/We accept that this Policy does not cover treatment for Pre-Existing Medical Conditions /Diseases/Ailments that are declared or undeclared
- I/We hereby declare that the contents of the forms and documents have been fully explained to me and that I/We have fully understood the significance of the proposed contract
- I/We hereby declare and on my behalf and of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons

Proposer's Signature:_____ DATE: _____