

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai - 600 001.

Toll free: 1800 208 9100 | T: +91 (0) 44 4044 5400 | F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com) | website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123 | PAN: AABCC6633K | CIN: U66030TN2001PLC047977

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Business Segment

Intermediary Code :	Office:	Channel Manager:
POSP Name:	Pan Card No:	

PL	SME	COMM
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**PROPOSAL FORM**

Proposal form URN: Chola MS-OTravel-007-2016

**CHOLA OVERSEAS TRAVEL PROTECTION POLICY**

UIN: CHOTOIP06001V010506

Instructions: Please complete all sections in CAPITAL LETTERS. Please seek the advice and guidance of your insurance advisor in case you require any clarification on the insurance cover or assistance in filling up the form. The liability of Cholamandalam MS General Insurance Company commences only upon acceptance of the proposal.

**1. PROPOSER DETAILS**

Name of Proposer:			Date of Birth: DD/MM/YYYY		
Address:					
City / State:				Pin Code:	
STD code:	Phone:	Mobile:	Fax:		
E-Mail:	Occupation:			Aadhar No:	
PAN:	GSTIN:	ISD (Input Service Distribution No.):			
Name of the Nominee:			Relationship:		
Marital State of Proposer: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Divorcee <b>Annual Income of Proposer (in Rs):</b>					
Visa Type: <input type="checkbox"/> Non-immigrant <input type="checkbox"/> Immigrant					
Existing CMSGICL Customer Yes / No; If Yes, Existing Policy No.:				Existing Customer Code:	
Name of the Bank & Branch:					
A/c. No.:		IFSC code No.:		MICR Code	

**2. DETAILS OF THE PERSONS TO BE COVERED**

	Full Name	Passport No.	Date of Birth	*Risk Type	Sum Insured
Self			DD/MM/YYYY	<input type="checkbox"/> Normal <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2	
Spouse			DD/MM/YYYY	<input type="checkbox"/> Normal <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2	
Child 1			DD/MM/YYYY	<input type="checkbox"/> Normal <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2	
Child 2			DD/MM/YYYY	<input type="checkbox"/> Normal <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2	
Child 3			DD/MM/YYYY	<input type="checkbox"/> Normal <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2	
Child 4			DD/MM/YYYY	<input type="checkbox"/> Normal <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2	

Have any of the persons proposed for Insurance ever suffered from any illness / disease or deformity or physical defect upto date of this proposal. If so, please give details:

Have any of the persons proposed for Insurance been admitted to any hospital / nursing home, clinic for treatment of observation. If so, please give details:

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### 3. POLICY DETAILS

Policy Type: <input type="checkbox"/> Single Trip <input type="checkbox"/> Annual Multi Trip <input type="checkbox"/> Senior Citizens Plan	<p>Risk 1: Implies Professional, semi-professional or amateur sportsmen. Other sports person participating in games not requiring physical exertion of a nature other than normally required (e.g. Chess, Snooker, Caroms) are excluded from this loading. Such excluded person will fall in the normal risk category.</p> <p>Premium involved will be 2 times of the normal risk category.</p> <p>Risk 2: Implies Participation in dangerous sports of any kinds whether for leisure or Otherwise, during the overseas travel. Examples of dangerous sports include but are not restricted to parachuting, hand-gliding, bungee-jumping, circus activities, polo, racing (any kind), shipping, diving, mountaineering necessitating use of ropes.</p> <p>Premium involved will be 3 times of the normal risk category.</p>
Geography: <input type="checkbox"/> Worldwide <input type="checkbox"/> Excluding USA or Canada <input type="checkbox"/> Asia Pacific Excluding Japan	
Coverage Type: <input type="checkbox"/> Silver <input type="checkbox"/> Gold	
Sum Insured:	
Risk Start Date:	
Risk End Date:	
Maximum Trip Duration Option for Annual Multi Trip: <input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	

### 4. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want policy related information in Physical Format <input type="checkbox"/> Yes / <input type="checkbox"/> No	
E-Format (electronic) as & when applicable <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Choose your Insurance Repository (For those selecting e-format)	
<input type="checkbox"/> NSDL Data Management Ltd.	<input type="checkbox"/> Karvy Insurance Repository Limited
<input type="checkbox"/> CDSL Insurance Repository Limited	<input type="checkbox"/> CAMS Insurance Repository Services Limited
I have E-Insurance Account & the No. is _____	
My KYC No (Central Know Your Customer Registry number) is (if available) _____	

### 5. DETAILS OF PREMIUM

Cash/ Cheque/ Draft/ PO	Number:	Date:	Amount Rs:
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### 6. DECLARATION

- 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. I understand that the information provide 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.
- 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.
- 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.
- 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
- I/We have understood the covers being offered and am/are aware of the terms and conditions mentioned in the brochure .Specifically I/ We confirm that a)I/We are not travelling against the advice of a physician b)I/We am/are not waitlisted for any medical treatment c)I/We am/are not travelling to receive any medical treatment, d) I/We am/are not over 6 months pregnant e) I/We don't have any pre-existing condition f) In case of cancellation of this policy, the refund may be paid to the travel agent on my/our behalf.
- I/We are aware that mere remittance of payment does not guarantee acceptance of this risk, which decision shall be made by CMSGICL.
- I/We hereby grant my/our consent to be contracted by the company in respect of any service provided or to be provided in respect of my insurance requirements.

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**DPDP Act 2023 Declaration**

I/We confirm that I/We have provided personal data for the purpose of securing insurance policy/policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the insurance.

**AML Guidelines**

I/We here by confirm that all premium have been / will be paid from bonafide sources and no premium have been / will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am / have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Date: DD/MM/YYYY

Place:

Signature / Thumb Impression of Proposer

The Insurance Agent/Intermediary has explained Product Features and Suitability clearly and in the language understandable to me.

Yes ☐ No ☐

Signature / Thumb Impression of Proposer

Date: DD/MM/YYYY

Signature of the Insurance Agent/Intermediary

Date: DD/MM/YYYY

**STATUTORY WARNING** Section 41 of Insurance Act, 1938 — Prohibition of Rebates: (1) 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 the 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 published prospectuses or tables of the insurer.