



NLG INSURANCE COMPANY LIMITED

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INTERNATIONAL TRAVEL AND MEDICARE INSURANCE PROPOSAL

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)
(ii)

6. Passport No. (nos.) :

7. (a) Cover opted for : (other than STUDENT)

i) Medical Benefit Cover
Section A - Personal Accident
Section B - Medical and Emergency Expenses
Section C - Hospital Benefits

ii) Package Benefit Cover
Section D - Loss of Checked Baggage
Section E - Delay of checked Baggage
Section F - Loss of Passport
Section G - Personal Liability
Section H - Travel Delay
Section I - Hijack

7. (b) Cover Opted for: STUDENT Only

Medical Benefit Cover:
Section A - Personal Accident
Section B - Medical & Emergency Expenses

7. (c) Plan Opted for:

(i) A Plan Excluding Canada & USA
(ii) B Plan Including Canada & USA
(iii) C Plan: Asian Countries (excluding SAARC)
(iv) D Plan: SAARC Countries

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 declared 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

NOMINATION

Ido hereby nominate 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.

DECLARATION

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 SPECIALITY ASSISTANCE and/or Medical Advisor.

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):.....

To be Completed by Consulting Physician / Surgeon

(in case of adverse Medical History or age above 70 years)

1. a) Present complaints and investigation, if any
- b) Any past history of diseases, operations, accidents, investigations with date, major medical complaints or hospitalisation :
- c) Details of present and past medication with duration :
- d) is he cured of disease, if any? :
- When was your treatment, if any given stopped? :

2. General Examination :

3. Systematic Examination :

4. Do you consider the risk acceptable :

Signature of Proposer:

Date:

Place:

Signature of Consulting Physician:

Name of Consulting Physician:

Qualification:

Address:

Telephone Number:

TO BE COMPLETED BY OFFICIAL OF INSURANCE COMPANY
Do you consider the Risk acceptable?