**Overseas Travel Insurance Form**

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| --- | --- |
| Full Name as per Passport |  |
| Date of Birth |  |
| Gender (Male or Female) |  |
| Passport Number |  |
| Nationality |  |
| Address with Pin Code to be added in Policy |  |
| Mobile Number to be added in Policy |  |
| Email id to be added in Policy |  |
| Countries for which policy required |  |
| Date and Period for which policy required |  |
| Policy Type (Excluding US and Canada)   * Type YES or NO |  |
| Policy Type (Including US and Canada)   * Type YES or NO |  |
| Details of any Past Illness  (if any to be included in policy) |  |
| Name of Nominee |  |
| Relationship with Nominee |  |

|  |  |  |
| --- | --- | --- |
| **Rider Coverages if Required** | **Additional Premium Amt** | **Type Yes or NO** |
| Compassionate Visit | 5.00% |  |
| Travel Inconvenience | 15.00% |  |
| Cruise Cover | 12.00% |  |
| Loss of Gadgets | 10.00% |  |
| Travel Loan Secure | 8.00% |  |
| Political Risk & Catastrophe Evacuation | 5.00% |  |
| Over Booked-Common Carrier | 3.00% |  |
| Legal Expenses | 3.00% |  |
| Home Fire Insurance (Contents) | 3.00% |  |
| Flight Delay (Airlines) | 10.00% |  |
| Financial Emergency Assistance | 5.00% |  |
| Bail Bond | 3.00% |  |
| Medical Sublimit - Waiver off | 25.00% |  |