



NECOINSURANCE LTD.

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PROPOSAL FORM FOR OVERSEAS TRAVEL INSURANCE

1. Name of Persons to be Insured (in full): Mr./Mrs./Miss

Name Date of Birth:

Name of Travelling Dependants

Name Date of Birth:
Name Date of Birth:
Name Date of Birth:

1.1 Occupation:

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

3. Your Passport Number and the Passport Numbers of all travelling dependants:

4. Details of Journey: From: To:

4.1 Purpose of Journey (Please tick as appropriate):

Holiday/Leisure Conference/Seminar Exhibition/Trade Fair
Study Training Business
Other (Please advice)

5. Duration of Trip: From: To:

6. Contact person in case of an emergency (including their address and telephone number):

a) Local b) Country of Visit

7. 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:

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

8. Have you or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline of 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.

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

10. DECLARATION: I hereby declare that the above answers are true and complete and 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 **Necoinsurance 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.

11. Signature of Main Applicant: Date:

Liability of **Necoinsurance 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 exclusion 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 service arising from a pre-existing medical condition as defined in this policy document.
3. General Health Exclusion: No claims under this policy will be paid where the insured.
 - A. Is traveling against the advice of a physician; or
 - B. Is receiving of on a waiting list for treatment or awaiting the results of medical tests or investigation 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.
 - E. All claims arising directly or indirectly or as a consequence of the Cardio Vascular System and/or Diabetes is excluded in full for all Insured Persons aged 70 years and over at the time of departure.

REPATRIATION:

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

POLICY LIMIT AND EXCESSES:

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

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

ELIGIBILITY:

This policy is valid for residents of the Republic of Nepal who are 70 years and under at inception.

Geographical Area:

Area 1: Worldwide including USA and CANADA

Area 2: Worldwide excluding USA and CANADA

Selected Plan:

Plan A: Medical Expenses + Personal Accident Cover
(A-C of Schedule of Cover)

Plan B: Package Cover
(A-I of Schedule of Cover)

SAARC Cover
(Selection A & B of Schedule of Cover Only)

Schedule of Cover:

A : Personal Accident

B : Medical and Emergency Expenses

C : Hospital Ancillary Benefit.