



# NITOL INSURANCE COMPANY LIMITED

Nitol Centre: 71 Mohakhali C/A, Dhaka-1212

## PROPOSAL FORM FOR OVERSEAS MEDICLAIM POLICY [CORPORATE FREQUENT TRAVEL] ANNUAL COVER (BUSINESS ONLY)

(To be submitted in original with two copies)

(Available to persons who are engaged in Service / Business - age group 18 to 59 years- please see the Note below)

**THE OVERSEAS MEDICLAIM POLICY PROVIDES INDEMNITY FOR EXPENSES INCURRED FOR MEDICAL TREATMENT TO THE INSURED PERSON WHO TRAVELS ABROAD AS CORPORATE CLIENT, FOR ILLNESS, DISEASES CONTRACTED OR INJURY SUSTAINED DURING OVERSEAS TRAVEL AND WHICH IS PRIMARILY IN THE NATURE OF AN EMERGENCY AND WHICH IS NECESSARY TO BE UNDERTAKEN IMMEDIATELY, WITHOUT WHICH THE PROPOSER IS NOT ABLE TO LEAVE THE OVERSEAS COUNTRY UNDER MEDICAL ADVICE. THE ATTENTION OF THE PROPOSER IS DRAWN TO ITEM II (MEDICAL HISTORY) OF THE PROPOSAL FORM, ESPECIALLY IN RELATION TO PREVIOUS TREATMENT OF ILLNESS BY THE PROPOSAR**

**THE PROPOSAL FORM SHOULD BE COMPLETED TO THE BEST OF YOUR KNOWLEDGE AND BELIEF AND ALL MATERIAL FACTS \* SHOULD BE DISCLOSED. FAILURE TO DO SO MAY NULLIFY COVER UNDER ANY POLICY ISSUED.**

\* A material fact is one that is likely to influence the Insurer's acceptance or assessment of the proposal. You should consult Company if you are in any doubt as to what constitutes a material fact.

- I. 1. Name and status of the proposer (in block letters) as stated in the passport  
State whether Mr./ Mrs. :
2. Residence address :
3. Residence Telephone No. or Mobile No. :
4. Proposer's Occupation (specify) :
5. Name of the Employer and address :
6. Office Telephone No. :
7. Age (in completed years) :
8. Passport Number (copy attached) :
9. Plan Type : CFT-Annual Cover (Business Trip) for Schengen and Non-Schengen Countries.
10. Policy Limit (any one person) :  
a) Schengen Countries EURO30,000  
b) Non-Schengen Countries USD100,000
11. Annual policy period :
12. Purpose of Trip :
13. 1<sup>st</sup> Proposed date of departure from the People's Republic of Bangladesh :
14. Proposed Number of journeys during the period of insurance :
15. Name and Address of the usual physician and Registration No. :
- Telephone No. Consulting Room/ Office/ Residence :

**NOTE :** Annual Policy for CFT: Annual Policy for CFT can be issued to the corporate clients registered under the companies Act or Government Service holders who are regularly travelling overseas. CFT cover can also be granted to partners of Registered Partnership firms subject to the condition that they are travelling for business purpose. The policy will cover for a total period of 180 days overseas travel in the course of one year with an inner limit of maximum 30 days per trip.

CFT cover for spouse: CFT policy can also be issued to spouse of the corporate insured person collecting appropriate CFT premium. Further, there will be no objection to the spouse staying longer than the corporate insured person on a particular trip but upto the trip limits of the CFT cover upto 180 days maximum.

The Corporate client must inform in writing on or before his/ her each and every departure from Bangladesh.

**II. MEDICAL HISTORY  
TO BE COMPLETED BY THE PROPOSER / SPOUSE**

**PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO (A DASH IS NOT SUFFICIENT AND GIVE FULL DETAILS.**

1. Are you in good health and free from physical and mental disease or infirmity? \_\_\_\_\_
  
2. Have you ever suffered from
  - (a) Any nervous, mental or psychiatric disease, slipped disc or other spinal disorder, fainting episode, blackout, fit or paralysis of any kind? \_\_\_\_\_
  
  - (b) High blood pressure, heart diseases including ischaemic heart disease, piles, varicose veins, other circulatory disorders or rheumatic fever? \_\_\_\_\_
  
  - (c) Hernia, any rheumatic or joint disease Urinary disease or diabetes? \_\_\_\_\_
  
  - (d) Any respiratory or allergic disease, or any disorder of the stomach, bowel or gallbladder? \_\_\_\_\_
  
  - (e) Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations? \_\_\_\_\_
  
  - (f) Any complaint or tendency that may necessitate such consultation or treatment in the future? \_\_\_\_\_
  
3. Are there any additional facts affecting the proposed insurance which should be disclosed to Insurers? \_\_\_\_\_
  
4. Have you any intention of engaging in winter sports or pastimes rendering you liable to personal injury? \_\_\_\_\_

5. Give particulars of any other illness or disease or accident sustained by you during the 12 months preceding the first day of Insurance in the table below.

Nature of illness/ disease Injury and treatment received	Date First Treated	Name of attending medical practitioner/ surgeon with his address and telephone Number
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- 1.
- 2.
- 3.
- 4.

6. Please give details of any knowledge of any positive existence or presence of any ailment, sickness or injury which may require medical attention whilst on tour abroad.

- 1.
- 2.
- 3.
- 4.

**I HEREBY DECLARE THAT**

1. I will not be travelling against the advice of a physician.
2. I am not on 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.

I further declare and warrant that the above statements are true and complete. I consent to the insurers seeking medical information from any doctor who has at any time attended concerning anything which affects my physical or mental health, and I authorise the giving of such information as Van Ameyde UK Ltd./ Specialty Assist Ltd. / or their Program Medical Advisor may require. I agree that this proposal shall form the basis of the contract should the insurance be effected.

I am willing to accept the Policy, subject to the terms, exceptions and conditions prescribed by Company therein.

Signature \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY

Place