

## Proposal Form for Reliance Travel Care Policy

Individual/Family/Senior Citizens/Asia/Students

### Intermediary Details

Intermediary Name  Code   
 Branch Name  Code   
 Sales Manager Name  Code

### Proposer Details

Proposer's Full Name  Mr.  Ms.   
 Address for Communication  
 Flat Building   
 Road/Street/Sector   
 Area   
 Taluka/Village/District/City  Pin Code   
 State  Country   
 Phone  Mobile   
 Email

### Insured Details

Name of the Insured	Date of Birth	Relationship with Proposer	Passport Number	Nominee Name	Relationship of Nominee with Insured	Professional/Semi-professional Sportsperson?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please fill in the following details, if any of the Insured Person(s) is suffering from pre-existing illness

Name of the Insured	Name of Pre-existing illness/condition/injury	Suffering Since (Duration)	Under Medication (Yes / No)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Family Physician Details

Name Dr.   
 Address  
 Flat Building   
 Road/Street/Sector   
 Area   
 Taluka/Village/District/City  Pin Code   
 State  Country   
 Phone  Fax

**Registered Office** Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

### Acknowledgment (on behalf of Reliance General Insurance Company Limited)

Form No. \_\_\_\_\_

Proposer's Full Name  Mr.  Ms.   
 Sum Insured   
 Cheque/DD No.  Cheque/DD Date  Cheque/DD Amount   
 Drawee Bank   
 Intermediary Name  Code   
 Branch Name  Code   
 Sales Manager Name  Code

Intermediary Signature \_\_\_\_\_

This acknowledgement is not an automatic acceptance of risk.

