



## ACKO INTERNATIONAL TRAVEL INSURANCE Proposal Form

**NOTE:** This form is to be completed by the Proposer. We are under no obligation to accept any proposal for insurance. The liability of the Company does not commence until this proposal is accepted by the Company and premium is received in full.

*Please ensure that the information in this form material for assumption of risk is true, accurate and complete in all respects as inaccuracy or non-disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.*

Please complete this form in CAPITAL LETTERS. The proposal form is to be submitted in original, copies shall not be accepted.

### FOR OFFICE USE

Branch Name: _____	Branch Code: _____
Intermediary Name: _____	Intermediary Code: _____
Business Type: _____	Channel Type: _____

### A. DETAILS ABOUT PROPOSER AND INSURED

1. Name of the Proposer:	
2. Name of the Insured:	
3. Insured Mobile No.:	
4. Insured Email:	
5. Date of Birth:	
6. Geography of the risk to be covered:	
7. Name and relationship of the Nominee (optional)	
8. Passport Number:	
9. Period of Insurance (DD/MM/YYYY):	Cover Start Date: Cover End Date:
10. Please mention past history with the duration of any disease, accident or hospitalization with details:	
11. Existing Customer:	(Yes/No)

### B. COVERS

Cover	Opted for	Sum Insured (₹)	
1. Accidental Medical Expense Reimbursement	Yes/No		
2. Illness Medical Expense Reimbursement	Yes/No	Details of Pre- Existing Disease	Sum Insured (₹)
3. OPD Treatment	Yes/No		
4. Adventure Sports Injury	Yes/No		
5. Hospital Daily Allowance	Yes/No	Per day Sum Insured:	
6. Physiotherapy	Yes/No		
7. Compassionate Visit	Yes/No		
8. Return of Minor Child	Yes/No		

### Acko General Insurance Limited

36/5, Hustlehub One East, Somasandrapalya, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka 560102

IRDAI Reg. No: 157 | CIN: U66000KA2016PLC138288 | UIN: ACKTIOP23174V012223

[www.acko.com](http://www.acko.com) | Toll free: 1800 266 2256 | Mail: [hello@acko.com](mailto:hello@acko.com)



9. Emergency Stay and Extension	Yes/No		
10. Evacuation (Medical and Catastrophe)	Yes/No		
11. Accidental Death	Yes/No		
12. Permanent Total Disability	Yes/No		
13. Permanent Partial Disability	Yes/No		
14. Repatriation of Mortal Remains	Yes/No		
15. Flight Delay	Yes/No	<b>Number of hours delay</b>	<b>Sum Insured (₹)</b>
		30 mins	
		1 hour	
		1.5 hours	
		2 hours	
		3 hours	
		4 hours	
16. Delayed Arrival	Yes/No	<b>Number of hours delay</b>	<b>Sum Insured (₹)</b>
		30 mins	
		1 hour	
		1.5 hours	
		2 hours	
		3 hours	
		4 hours	
17. Delayed Departure	Yes/No	<b>Number of hours delay</b>	<b>Sum Insured (₹)</b>
		30 mins	
		1 hour	
		1.5 hours	
		2 hours	
		3 hours	
		4 hours	
18. Missed Flight	Yes/No	<b>Number of hours delay</b>	<b>Sum Insured (₹)</b>
		30 mins	
		1 hour	
		1.5 hours	
		2 hours	
		3 hours	
		4 hours	
19. Missed Connection	Yes/No		
20. Delay of Checked-in Baggage	Yes/No		
21. Delay of Sports Equipment	Yes/No		
22. Total Loss of Checked-in Baggage	Yes/No		
23. Partial Loss of Checked-in Baggage	Yes/No		
24. Kidnap / Hijack Cover	Yes/No	<b>Number of days</b>	<b>Sum Insured (₹)</b>
		Between 2 to 10 days	
25. Trip Cancellation	Yes/No		
26. Electronic Equipment Cover	Yes/No		
27. Trip Rescheduling	Yes/No		
28. Personal Liability & Bail Bond	Yes/No		
29. Pet Cover	Yes/No		



30. Fire and Allied Perils (Home Building and Contents)	Yes/No	
31. Home Insurance Cover	Yes/No	
32. Pre-Existing Disease Cover	Yes/No	
33. Personal Accident (Common Carrier)	Yes/No	
34. Trip Cancellation due to Covid-19	Yes/No	
35. Loss of Passport	Yes/No	
36. Financial Emergency Cover	Yes/No	
37. Bounced Booking	Yes/No	

#### F. DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and Acko General Insurance Limited.

If any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Company immediately.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Proposer: \_\_\_\_\_

#### INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.