



# नेको इन्सुरेन्स लि. Neco Insurance Ltd.

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## PROPOSAL FORM FOR TRAVEL MEDICAL INSURANCE

(This Insurance is not valid for one way trip. Please ensure that you include departure and return date information requested in the Proposal Form)

1.	Name of Person to be insured (in full): Mr./Mrs./Miss:	Date of Birth	Passport No.
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Name of Travelling Dependants	Date of Birth	Passport No.
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
1.1	Occupation:	<input style="width: 95%;" type="text"/>	
2	Contact Details (including your permanent address and telephone number):	<input style="width: 95%;" type="text"/>	
3	Details of Journey: From:	To: <input style="width: 95%;" type="text"/>	
3.1	Purpose of Journey (Please tick as appropriate):		
	Holiday/Leisure	<input style="width: 40%;" type="checkbox"/>	Conference/Seminar <input style="width: 40%;" type="checkbox"/>
	Study	<input style="width: 40%;" type="checkbox"/>	Exhibitions/Trade Fair <input style="width: 40%;" type="checkbox"/>
	Others (Please advise)	<input style="width: 40%;" type="checkbox"/>	Business <input style="width: 40%;" type="checkbox"/>
3.2	Selected Plan A or B	<input style="width: 95%;" type="text"/>	
4	Duration of trip: From:	To: <input style="width: 95%;" type="text"/>	
5	Contact person in case of an emergency (including their address and telephone number):		
	a) Local <input style="width: 95%;" type="text"/>		
	b) Country of Visit <input style="width: 95%;" type="text"/>		
6	"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:"		
	<input style="width: 95%;" type="text"/>		
6.1	"Name, Address and telephone Number of your and all travelling dependants regular Doctor, If you do not have a regular doctor Please Provide the contact details of the last doctor you saw".		
	<input style="width: 95%;" type="text"/>		
7	"Have you or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline or impose special condition in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years ?"		
	YES	NO	If yes Please provide details
	<input style="width: 40%;" type="checkbox"/>	<input style="width: 40%;" type="checkbox"/>	<input style="width: 95%;" type="text"/>
8	"MEDICAL HISTORY: Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts 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 that 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 Neco Insurance 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".		
10.1	Signature of Main Applicant:		Date : <input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>		

"Liability of Neco Insurance 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 is your insurance policy. Please read the contents carefully to ensure that it meets your requirements.

This is not a general health insurance policy but is intended to reimburse you for medical costs and expenses incurred for an emergency sickness or accident whilst on a trip outside of Nepal as per policy terms and conditions. There is no over for pre-existing medical conditions, for treatment that you may be receiving prior to a trip, if you on a waiting list for inpatient hospital care, where there are circumstance surrounding your health that are likely to increase the risk of incurring medical expenses abroad or where you have been given a terminal prognosis. If in any doubt please contact us for verification of the coverage under this policy.

**Please Note :** Failure to comply with the terms and conditions contained in this policy may invalidate any claim that you may have. condition.

### Health Conditions

1. Nature of coverage. This policy is not 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 services arising from a pre-existing medical condition as defined in this policy.
3. General Health Exclusion : No claims under the policy will be paid where the insured:
  - A. Is travelling against the advice of a physician; or
  - B. Is receiving or 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.

### Repatriation

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

### Policy Limit and Excesses

This Policy has specific limits on the amount the insurers will pay.

All claims will be subject to an excess. This means that the Insurers 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 kingdom 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**

Area 3 : **Asian Countries** (Thailand, Malaysia, Singapore, Philippines, North Korea, South Korea, Indonesia, China including Hong Kong & Taiwan, Japan, Laos, Cambodia, Vietnam, Myanmar, Macao, Mongolia, Timor and letse)

Area 4 : **SAARC Countries** (India, Bangladesh, Maldives, Bhutan, Sri Lanka, Pakistan & Afghanistan)

### Selected Plan

Plan A: **Medical Expenses + Personal Accident Cover**

(A -C of Schedule of Cover)

Plan B: **Package Cover** (Worldwide including/excluding USA and CANADA)

(A - N of Schedule of Cover)

### Asian Countries

(A - I of Schedule of Cover)

### SAARC Countries:

(A & B of Schedule of Cover)

### Student Plan

(A & C of Schedule of Cover)

### Schedule of Cover

<b>A</b> : Personal Accident	<b>B</b> : Medical and Emergency Expenses	<b>C</b> : Hospital Ancillary Benefit
<b>D</b> : Loss of Checked Baggage	<b>E</b> : Delay of Checked Baggage	<b>F</b> : Loss of Passport
<b>G</b> : Personal Liability	<b>H</b> : Travel Delay	<b>I</b> : Hi-jack
<b>J</b> : Cancellation and Curtailment	<b>K</b> : Emergency Return Home following Death of close family member	
<b>L</b> : Catastrophe	<b>M</b> : Legal Expenses	
<b>N</b> : Repatriation of family member travelling with the participants		