



Shikhar Insurance Company Ltd.

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QUESTIONNAIRE and PROPOSAL for OVERSEAS MEDICLAIM INSURANCE

(This insurance is not valid for the 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: Name: <input type="text"/>	Date of Birth: <input type="text"/>			
	Name of Travelling Dependants Name: <input type="text"/>	Date of Birth: <input type="text"/>			
	Name: <input type="text"/>	Date of Birth: <input type="text"/>			
	Name: <input type="text"/>	Date of Birth: <input type="text"/>			
1.1	Occupation: <input type="text"/>				
2	Contact details (including your permanent address and telephone number): <input type="text"/>				
3	Your Passport Number and the Passport Numbers of all travelling dependants: <input type="text"/>				
4	Details of Journey: From: <input type="text"/>	To: <input type="text"/>			
4.1	Purpose of Journey (Please tick as appropriate):				
	Holiday/Leisure <input type="checkbox"/>	Conference/Seminar <input type="checkbox"/>			
	Study <input type="checkbox"/>	Training <input type="checkbox"/>			
	Others (Please advise) <input type="checkbox"/>	Exhibitions/Trade Fair <input type="checkbox"/>			
		Business <input type="checkbox"/>			
4.2	Selected Plan A or B: <input type="checkbox"/>				
5	Duration of trip: From: <input type="text"/>	To: <input type="text"/>			
6	Contact person in case of an emergency (including their address and telephone number):				
	a) Local: <input type="text"/>				
	b) Country of Visit: <input type="text"/>				
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:" <input type="text"/>				
7.1	"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 type="text"/>				
8	"Have your or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline or impose special conditions in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years				
	<table border="1"><tr><td>YES</td><td>NO</td><td>If yes please provide details</td></tr></table> <input type="text"/>	YES	NO	If yes please provide details	
YES	NO	If yes please provide details			
9	"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 Shikhar Insurance Company 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: <input type="text"/>	Date: <input type="text"/>			

"Liability of **Shikhar Insurance Company 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 exclusions of the cover. Failure to comply with them will prejudice and 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 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 traveling 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 investigations 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 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
Area 3: Asian Countries (Brunei, Cambodia, China, Indonesia, Laos, Malaysia, Mongolia, Myanmar (Burma), Philippines, South Korea, Taiwan, Thailand, Timor-Leste & Vietnam, Indonesia, China including Hong Kong & Taiwan)
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
(A – J of Schedule of Cover)
SAARC Countries: (A & B of Schedule of Cover)

Schedule of Cover

- A** : Personal Accident
B : Medical and Emergency Expenses
C : Hospital Ancillary Benefit
D : Loss of Checked Baggage
E : Delay of Checked Baggage
F : Loss of Passport
G : Personal Liability
H : Travel Delay
I : Hi-jack
J : Cancellation and Curtailment