



SIDDHARTHA INSURANCE LIMITED

Head Office: Siddhartha Insurance Bhawan, 4th Floor, Babarmahal (Hanumansthan)

P.O. Box: 24876, Kathmandu, Nepal

Tel: 4257766, 4256190, 4254547, Fax: 977-1-4257776

E-mail: info@siddharthainsurance.com, Web: www.siddharthainsurance.com

TRAVEL INSURANCE - APPLICATION FORM

Date of Departure					
Date of Return					
Period of Insurance (Total number of days outside Nepal)					
Geographical Area 1 or 2 or 3 of 4					
BENEFITS					
	(A to C)	(A to I)			
Plan 'A' (Excluding USA & Canada)					
Plan 'B' (Including USA & Canada)					
Persons to be Insured (State Mr./Mrs./Miss)	Date of Birth	Age	Premium US \$	Ex-rate	Premium NRs.
1.					
2.					
3.					
4.					
Rounded Premium					
Stamp Duty					
Taxable Amount					
13% VAT					
Total					
Passport No.			Address of Applicant		
Place of Visit					
Occupation			Telephone Number		
To be read and signed by the applicant					
<p>I hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in this application been diagnosed with and does not suffer from any medical condition for which medical treatment may be required. Furthermore all persons named in this application will not travel against medical advice or for the purpose of obtaining medical treatment. I further declare that I am not aware of any reason, in connection with the health of anyone named on this application, that could result in any claim under this insurance.</p> <p>I am aware that this is not a general health insurance policy and that pre-existing medical conditions are not covered. I have been made aware of the important terms and conditions of this insurance and that certain restrictions to cover do apply. I also understand that this application does not feature all of the coverage issued, terms, conditions and exclusions which are fully described in the certificate wording.</p>					
Signature					
Date					

Photocopy of the Passport must be submitted with this proposal form

P.T.O.

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 an 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 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)

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 - I 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