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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

*"Your partner for growth and security"*

**PROPOSAL FORM FOR OVERSEAS TRAVEL INSURANCE  
(Business, Holiday & Official Travel)**

**(Available to persons in the age group of 0 months to 75 years)**

**IMPORTANT**

Please make sure you read and fully understand this document before you travel from the Kingdom of Bhutan. Please read carefully the full details of the procedure for obtaining assistance and claims. Failure to follow the instruction given could result in rejection of any claim that might be made.

FAILURE TO FOLLOW THE INSTRUCTION GIVEN COULD RESULT IN REJECTION OF ANY CLAIM THAT MIGHT BE MADE.

THE OVERSEAS TRAVEL INSURANCE PROVIDES INDEMNITY FOR EXPENSES NECESSARILY INCURRED FOR IMMEDIATE TREATMENT OF ILLNESS, DISEASES CONTRACTED OR INJURY FIRST SUSTAINED (DURING THE PERIOD OF INSURANCE OF OVERSEAS TRAVEL SUBJECT TO POLICY TERMS AND CONDITIONS).

POLICY ALSO OFFERS PERSONAL ACCIDENT COVER, AND IN ADDITION ALSO TOTAL LOSS OF CHECKED BAGGAGE, DELAY OF CHECKED BAGGAGE, LOSS OF PASSPORT AND PERSONAL LIABILITY COVERS. (DURING THE PERIOD OF INSURANCE OF OVERSEAS TRAVEL SUBJECT TO POLICY TERMS AND CONDITIONS.)

IN THE ABSENCE OF MEDICAL REPORTS AS SPECIFIED IN ITEM II B SUM INSURED WILL STAND REDUCED TO AN EQUIVALENT AMOUNT OF **US\$ 5,000** IN RESPECT OF MEDICAL EXPENSES INCURRED THROUGH ILLNESS OR DISEASE ONLY, SUBJECT TO EXCLUSION OF PRE-EXISTING DISEASE.

THE ATTENTION OF THE PROPOSER IS DRAWN TO ITEM II (MEDICAL HISTORY) OF THE PROPOSAL FORM ESPECIALLY IN RELATION TO PREVIOUS TREATMENT FOR ILLNESS OR DISEASE SUCH AS RENAL DISORDERS, OR DISEASES, CEREBRAL OR VASCULAR STROKES, HEART AILMENT OF ANY KIND, MALIGNANCY, TUBERCULOSIS, ENCEPHALITIS, NEUROLOGICAL DISORDERS, GALL BLADDER DISORDER, ARTHRITIS REQUIRING SURGERY AND IF ANY TREATMENT HAS BEEN RECEIVED FOR ANY OF THE ABOVE DISORDERS AT ANY TIME IN THE PAST, SUCH TREATMENT MUST BE DISCLOSED TO THE POLICY ISSUING OFFICE.

NEITHER THE INSURERS NOR CLAIMS SETTLING AGENTS SHALL BE RESPONSIBLE FOR THE AVAILABILITY, QUALITY OR RESULTS OF ANY MEDICAL TREATMENT OR THE FAILURE OF THE INSURED TO OBTAIN MEDICAL TREATMENT

THE PROPOSAL FORM SHOULD BE COMPLETED TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, AND ALL MATERIAL FACTS SHOULD BE DISCLOSED. FAILURE TO DO SO MAY NULLIFY COVER UNDER THE POLICY ISSUED.



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**NOTE:** Plan T - 1 (Worldwide travel excluding USA / Canada)  
Plan T - 2 (Worldwide travel including USA / Canada)  
Plan T - 3 (Asian Countries - Excluding Japan)

### Medical Reports are required

A) Trip is for period over 60 days and if

- a) Insured person if over 40 yrs of age visiting USA/Canada
- b) Insured is over 60 yrs of age and visiting countries other than USA/Canada.

B) Proposal reveals that insured had suffered from / suffering from any illness / disease.

The Proposal Form should be accompanied with 1) ECG printout with report and 2) Fasting blood Sugar and Urine Sugar Urine Strip Test Report or any other medical report required by the company etc. along with the attached questionnaire II(B) to be completed and signed by the Doctor conducting the test. In the absence of such medical tests and reports due to a shortage of time before travel, cover may still be granted subject to a satisfactory proposal form but the sum insured under policy, in respect of expenses incurred for the treatment of illness or disease shall be restricted to **US \$ 5,000** only, which shall not cover the cost of medical treatment for pre-existing disease. In case of accident however the full sum insured benefit would be available.

### Check List of Documents Required

#### 1. Copy of Passport /Citizenship Identity Card

**If the trip is beyond 60 days and if the insured is over 40 years old visiting USA/Canada OR If the trip is beyond 60 days and if the insured is over 60 years old visiting countries other than USA/Canada: -**

- 2. ECG printout with Report
- 3. Fasting blood Sugar Report
- 4. Urine Sugar Strip Test Report





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## II. MEDICAL HISTORY.

### (A) TO BE COMPELTED BY THE PROPOSER

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH 'YES' OR 'NO' (A DASH IS NOT SUFFICIENT) AND GIVE FULL DETAILS: -

1. Are you in good health and free from Physical and mental disease or infirmity?

\_\_\_\_\_

2. Have you ever suffered from any illness or disease up to the date of making this proposal?

\_\_\_\_\_

3. Do you have any physical defect or deformity?

\_\_\_\_\_

4. Have you ever been admitted to any hospital/ nursing home / clinic for treatment or observation?

\_\_\_\_\_

5. Have you suffered from any illness / disease or had an accident in the 12 months preceding the first day of insurance?

\_\_\_\_\_

6. If the answer to any of the above question no.2,3,4,5 is 'yes' please give full details as under:

Nature of illness / disease / injury & treatment received	Date on which first treatment taken	First treatment completed / is continuing	Name of attending medical practitioner / Surgeon with his address & Tel. Nos.



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7. Have you any intention of engaging in professional sports?

b) If so, give details.

8. Please give details of any knowledge of any positive existence of any ailment, sickness or injury which may require medical attention whilst on tour abroad.

**I HEREBY DECLARE THAT**

1. I will not be traveling against the advice of a physician
2. I am not on the waiting list of any medical treatment.
3. I will not be traveling for the purpose of obtaining medical treatment.
4. I have not received a terminal prognosis for a medical condition before this day.

**Assignment:**

I, ..... do hereby assign the nominee payable under the policy in the event of my death to my..... (Relation to the insured) Mr. / Mrs. / Miss. / Master..... holding ID#..... I further declare that his / her receipt shall be sufficient discharge to the company.

I further declare that and warrant that the above statements are true and complete. I consent to the insurers seeking medical information from any doctor who has at any time attended concerning anything which affects my physical or mental health, and I authorize the giving of such information to TPA and / or their programme medical advisers. I agree that this proposal shall form the basis of the contract should the insurance be affected.

I am willing to accept the policy, subject to the terms, exceptions and conditions prescribed therein.

Signature of Proposer.

Date ...../...../.....  
Day Month Year

Place:

Thimphu Post Box # 315 EPABX + 975-2-321037, 321161, 323487, 322426, 324282, 325858, 328307, 323993, 252509, 252482



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### **PROHIBITION OF REBATES**

1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in Bhutan any rebate of the whole or a part of commission payable or any rebates of the premium-shown on the policy nor shall any person taking out of renewing or continuing a policy except any rebate as may be allowed in accordance with the published prospectus or labels of the insurer.

2) Any person making default in complying with the provision of this section shall be punishable as per law.

### **B) TO BE COMPLETED BY THE DOCTOR.**

*For children aged 5 and under treatment relating to: - Mumps, chicken pox, measles, German measles, spina bifida, whooping cough, Diphtheria, Poliomyelitis, minimalities and scarlet fever*

#### **1.**

- a.) History
- b) Any past history of disease, operation, accidents, investigation etc.
- c) General Examination.
- d) Systemic Examination.

#### **2. Electrocardiography:**

- a) Does the attached Electrocardiogram in your professional opinion show any abnormalities? If so, please describe:
- b) Does the abnormality represent a current illness or disease which may possibly require medical treatment during proposer's forthcoming trip?
- c) Does the Proposer now or did he/she in the past, require medication for this abnormality?
- d) Please describe any treatment taken by Proposer in the past or being taken at present:



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e) Do you recommend Stress Test? If so please obtain the report on such test.

**3. Does the Blood / Urine Strip Test show any sugar?**

**4. Do you consider that Proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his health/medical condition?**

**Signature of the Doctor :**

**Name of the Doctor :**

**Qualification :**

**Address :**

**Telephone No. :**

