

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: _____ Intermediary Name: _____ Business Type: _____ | Branch Code: _____ Intermediary Code: _____ 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 or any disability (with percentage), 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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Details of Pre- Existing Disease</th> <th style="width: 30%;">Sum Insured (₹)</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table> | Details of Pre- Existing Disease | Sum Insured (₹) | | |
| 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 | | | | | |
| 9. Emergency Stay and Extension | 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: ACKTIOP25036V022425

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| | | |
|---------------------------------------------------------|--------|------------------------------|
| 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 | Number of hours delay |
| | | 2 hours |
| | | 3 hours |
| | | 4 hours |
| | | 6 hours |
| | | 8 hours |
| 16. Delayed Arrival | Yes/No | Number of hours delay |
| | | 2 hours |
| | | 3 hours |
| | | 4 hours |
| | | 6 hours |
| | | 8 hours |
| 17. Delayed Departure | Yes/No | Number of hours delay |
| | | 2 hours |
| | | 3 hours |
| | | 4 hours |
| | | 6 hours |
| | | 8 hours |
| 12 hours | | |
| 18. Missed Flight | Yes/No | |
| 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 | Number of days |
| | | 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 | |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 37. Bounced Booking | Yes/No |
| C. DECLARATION BY INSURED | |
| <p>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.</p> <p>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.</p> <p>Date: _____ Place: _____ Signature of the Proposer: _____</p> | |
| INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates | |
| <ol style="list-style-type: none">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 insurers2. 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. | |