



SADHARAN BIMA CORPORATION

HEAD OFFICE

SADHARAN BIMA BHABAN
33, DILKUSHA COMMERCIAL AREA
DHAKA-1000, BANGLADESH

PROPOSAL FORM FOR OVERSEAS MEDICLAIM POLICY- (Business & Holidays)

(To be submitted in original with two copies)

(Available to persons in the age group of 5-70 years)

THE OVERSEAS MEDICLAIM POLICY PROVIDES INDEMNITY FOR EXPENSES INCURRED FOR MEDICAL TREATMENT FOR ILLNESS, DISEASES CONTRACTED OR INJURY SUSTAINED DURING OVERSEAS TRAVEL AND WHICH IS PRIMARILY IN THE NATURE OF AN EMERGENCY AND WHICH IS NECESSARY TO BE UNDERTAKEN IMMEDIATELY, WITHOUT WHICH THE PROPOSER IS NOT ABLE TO LEAVE THE OVERSEAS COUNTRY UNDER MEDICAL ADVICE. THE ATTENTION OF THE PROPOSER IS DRAWN TO ITEM II (MEDICAL HISTORY) OF THE PROPOSAL FORM. ESPECIALLY IN RELATION TO PREVIOUS TREATMENT OF ILLNESS OR DISEASES SUCH AS RENAL DISORDERS OR DISEASES, CEREBRAL OR VASCULAR STROKES. HEART AILMENTS OF ANY KIND, MALIGNANCY. T. B. ENCEPHALITIS, NEUROLOGICAL DISORDERS, GALL BLADDER DISORDERS. 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 ISSUING OFFICE.

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 ANY POLICY ISSUED.

* A material fact is one that is likely to influence the Insurer's acceptance or assessment of the proposal. You should consult Sadharan Bima Corporation if you are in any doubt as to what constitutes a material fact.

- I
1. Name of the proposer (in block)
letters as stated in the passport,
State whether Mr. / Mrs./ Miss. / Master :
 2. Home address :
 3. Home Telephone No. :
 4. Propser's Actual Occupation (specify) :
 5. Office Name and Address :
 6. Office Telephone No. :
 7. Age (in completed years) :
 8. Passport Number

9. Plan Type worldwide (excluding USA&Canada)
Plan A
worldwide (excluding USA&Canada)
Plan B
10. Purpose of Trip (State official/
holiday travel in conducted tour/
holiday travel individual) :
11. Proposed date of departure from the
Peoples Republic of Bangladesh
(kindly note that no extension can
be granted) :
12. Number of days stay outside the
Peoples Republic of Bangladesh
(kindly note that no extension can
be granted) :
13. Itinerary (State countries and places
to be visited and approximate number
of days at each place) :
14. Name and Address of the usual physician
and Registration No. :
Telephone No. Consulting Room / Office
Residence :

(2)

**II.A MEDICAL HISTORY
TO BE COMPLETED BY THE PROPOSER**

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO (A DASH IS NOT SUFFICIENT AND GIVE FULL DATILS

1. Are you in good health and free
from physical and mental
disease or infirmity ? : _____
2. Have you ever suffered from
- (a) any nervous, mental or psychiatric
disease, slipped disc or other spinal
disorder, fainting episode, blackout,
fit or paralysis of any kind ? : _____
- (b) high blood pressure, heart diseases
including ischaernic heart disease, piles,
varicose veins, other circulatory
disorders or rheumatic fever : _____

(c) hernia, any rheumatic or joint disease, urinary disease or diabetes ? : _____

(d) any respiratory or allergic disease, or any disorder of the stomach, bowel or gall bladder ? : _____

(d) any respiratory or allergic disease, or any disorder of the stomach, bowel or gall bladder ?

(e) any other complaint requiring specialist's consultation or surgical or hospital treatment or investigations ? : _____

(f) any complaint or tendency that may necessitate such consultation or treatment in the future ? : _____

3. Are there any additional facts affecting the proposed insurance which should be disclosed to Insurers ? : _____

4. Have you any intention of engaging in winter sports or pastimes rendering you liable to personal injury ? : _____

5. Give particulars of any other illness or disease or accident sustained by you during the 12 months preceding the first day of Insurance in the table below. : _____

Nature of illness / disease injury and treatment received	Date First Treated	Name of attending medical practitioner surgeon with his address and Telephone Number
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- 1.
- 2.
- 3.
- 4.

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

- 1.
- 2.
- 3.
- 4.

II B **TO BE COMPLETED BY THE DOCTOR**

- (1) a) History
- b) Any past history of disease, operation, accident, investigations etc.
- c) General Examination
- d) Systematic Examination

(2) **Electrocardiogra phy :**

- a) Does the attached Electrocardiogram in your professional opinion show any abnormalities and if so, please describe.
- b) Does the abnormality represent a current illness or disease which may possibly be expected to 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
- e) Do you consider that proposer is fit to travel anywhere abroad, due account being taken of the stress of air travel adversely affecting his medical condition?

- (3) Does the Urine Strip Test show any sugar?

Signature of the Doctor :
Name of the Doctor :
Qualifications :

Address :
Telephone No. :

(4)

I HEREBY DECLARE THAT

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

I further declare 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 authorise the giving of such information as Mercury Insurance Services Ltd. and / or their Program Medical Advisor may require. 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 by Sadharan Bima Corporation therein.

Signature _____

Date : _____ / _____ / _____ /
DD MM YY

Place _____

NOTE :- If the proposer -

- a. is travelling to North America and is above 40 years, Or
- b. is travelling to any other countries and is above 60 years, Or
- c. answer to questions in II (A) reveal that the proposer has suffered any time in the past or is suffering from any disease/ illness.

the Proposal Form should be accompanied with ECG and Urine Strip Test Report etc. along with the attached questionnaire 11 (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 diseases shall be restricted to US \$ 10,000/- only.