

HEAD OFFICE:

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South Avenue, Gulshan-1, Dhaka 1212

ISSUING OFFICE

PROPOSAL FORM FOR OVERSEAS MEDICLAIM POLICY (CORPORATE FREQUENT TRAVEL)

(To be submitted in original with two copies)

(Available to persons who are engaged in Service / Business - age group 18 to 59 years- please see the Note below)

THE OVERSEAS MEDICLAIM POLICY PROVIDES INDEMNITY FOR EXPENSES INCURRED FOR MEDICAL TREATMENT TO THE INSURED PERSON WHO TRAVELS ABROAD AS CORPORATE CLIENT, 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 NOTABLE 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, GALLBLADDER 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 BELIFE AND ALL MATERIAL FAC TS * 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 Pioneer Insurance Co. Ltd. If you are in any doubt as to what constitutes a material fact.

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. Proposer's Actual Occupation (specify) :
5. Name of the Employees and Address :
6. Office Telephone No. :
7. Age (in completed years) :
8. Passport Number :
9. Plan type : 1) Schengen Countries
2) Worldwide including USA/Canada } Excluding the country of domicile
10. Annual Policy Period :
11. Purpose of Trip :
12. 1st Proposed date of departure from the People's Republic of Bangladesh :
13. Proposed Number of Journeys during the period of insurance :
14. Name and Address of the usual physician and Registration No
Telephone No. Consulting Room/Offer/Residence :

CFT cover for spouse: CFT policy can also be issued to spouse of the corporate insured person collecting appropriate CFT premium. Further, there will be no objection to the spouse staying longer than the corporate insured person on a particular trip but upto the trip limits of the CFT cover upto 180 days maximum.

The Corporate client must inform in writing on or before his/her each and every departure from Bangladesh.

II.A MEDICAL HISTORY

TO BE COMPLETED BY THE PROPOSER / SPOUSE

PLEASE ANSWER THE FOLLOWING QUESTIONS IN 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
 - (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 ischaemic 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 ? :
 - (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 Insurances ? :
4. Have you any intention of engaging in winter sports or pas-time rendering you liable to personal injury ? :
5. Give particulars of any other illness or disease or accident sustained by you during the 12 month preceding the first day of insurance in the table below. :

Nature of illness / disease injury and treatment received	Date of 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) **Electrocardiography:**

- a) Does the attached Electrocardiogram in your professional opinion any abnormalities and if so, please describe. :
b) Does the abnormality represent a current illness or disease which may possible 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 of being taking at present.
e) Do you consider that proposer is fit to travel any where 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 ? :

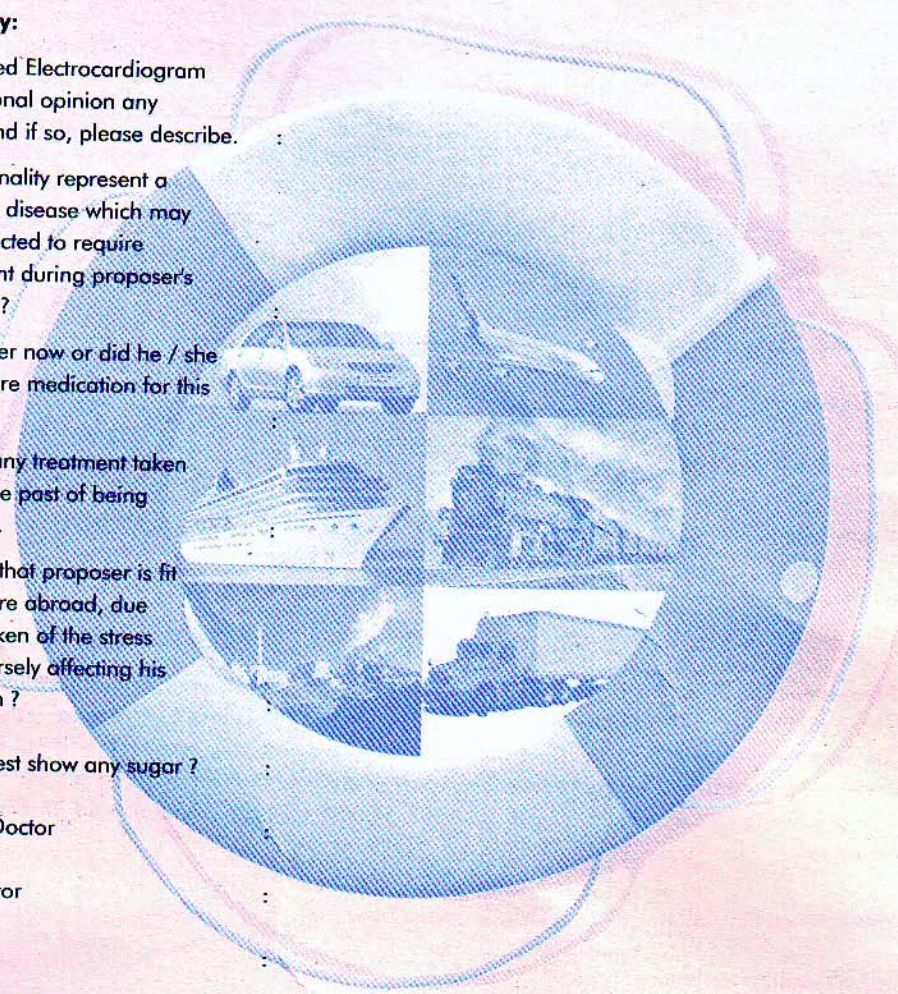
Signature of the Doctor :

Name of the Doctor :

Qualifications :

Address :

Telephone No. :



I HEREBY DECLARE THAT

1. I will not be traveling against the advice of a physician.
2. I am not on waiting list for 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.

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 INTERNATIONAL MEDICAL RESCUE (IMR) / or their program Medical Advisor may require. I agree that this proposal shall form the basis of the contract should the insurance be effected.

I am willing to accept the Policy, subject to the terms, exceptions and conditions prescribed by Pioneer Insurance Co Ltd. herein.

Signature

Date: _____ / _____ / _____
 DD MM YY

Place

NOTE :- If the proposer / Spouse

- a) Is traveling to North America and is above 40 years, Or
- b) Is traveling to any other countries and is above 59 years, Or
- c) Answer to question 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. alongwith 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 diseases shall be restricted to US \$ 10,000/- only. The limit of cover for visiting Schengen States is Euro 30,000 (say US\$ 50,000) for **both accident and illness only** without medical examination subject to:-

- a) Satisfactory proposal
- b) Full unlimited pre-existing exclusions
- c) Age of proposer not to exceed 40 years traveling to North America or 59 years for travel to any other country.