



HIMALAYAN GENERAL INSURANCE CO. LTD.

Head Office: Babarmahal, G.P.O. Box 148, Kathmandu, Nepal.

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Branches: Birgunj - Biratnagar - Pokhara - Durbarmarg - Butwal - Lalitpur
525366 528524 462100 4231581 622315 5009119

MEDICAL INSURANCE (DOMICILIARY TREATMENT) PROPOSAL FORM

QUESTIONS	ANSWERS
1 Proposer name in full	
2 Address/ Phone No./ Fax No./ Email	
3 Occupation	
4 Period of Insurance	From To
5 HIP Policy No. and Policy Period	HIP NO. Expiry date
6 a. Are you now insured for medical ? b. Has any Company ever declined, cancelled, refused to renew, increased the premium or imposed special conditions for Medical Insurance ? c. Have you ever made a claim under a Medical Insurance ?	
7 Please state the details of members to be covered by the Medical Insurance. (Please attached the details of members)	No. of persons to be insuredx Rs. 800/- = Rs.
8 Please state details of other Insurance with HGI	Policy No. Period Premium
9 The individual proposal forms of HIP will be the forming part of the proposal form and policy of Medical Insurance.	

DECLARATION

I hereby declare that the above statements are true and that I have withheld no information which might influence the acceptance of this proposal. I agree that, this shall be the basis of the contract between me and the Company and deemed to be incorporated in the Policy.

Date :

Signature