



# HIMALAYAN GENERAL INSURANCE CO. LTD.

Head Office: Babar Mahal, GPO Box-148, Kathmandu, Nepal  
 Tel: 977-1-4231788, 4213014, Fax: 977-1-4241517  
 E-mail: ktm@hgi.com.np

## TRAVEL INSURANCE - APPLICATION FORM

Date of Departure :   
 Date of Return :   
 Period of Insurance (days) :

	PLAN		BENEFITS	
Excluding USA & Canada :	'A'	<input type="checkbox"/>	A to C	A to I
Including USA & Canada :	'B'	<input type="checkbox"/>	A to C	A to I
Asian Countries :	'C'	<input type="checkbox"/>	A to C	A to I
Saarc Countries :	'D'	<input type="checkbox"/>		

Persons to be Insured ( state Mr / Mrs / Miss )	Date of birth	Age	Premium US \$	Ex-rate	Premium NRs.
1					
2					

Rounded Premium	
Stamp Duty	
Total	
13% VAT	
Total	

Passport No :	<input type="text"/>	Address of applicant :
Place of visit :	<input type="text"/>	
Occupation :	<input type="text"/>	
Purpose of visit:	<input type="text"/>	
		Telephone number :

### To be read and signed by the applicant

I hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in this application been diagnosed with and does not suffer from any medical condition for which medical treatment may be required. Furthermore all persons named in this application will not travel against medical advice or for the purpose of obtaining medical treatment. I further declare that I am not aware of any reasons, in connection with the health of anyone named on this application, that could result in any claim under this insurance.

I am aware that this is not a general health insurance policy and that pre-existing medical conditions are not covered. I have been made aware of the important terms and conditions of this insurance and that certain restrictions to cover do apply. I also understand that this application does not feature all of the coverage issues, terms, conditions and exclusions which are fully described in the certificate wording.

I am a permanent resident of the kingdom of Nepal and I am over 18 years of age.

Signed :	<input type="text"/>	FOR OFFICE USE ONLY	
		Letter No. :	<input type="text"/>
		Policy No. :	<input type="text"/>
		Receipt No. :	<input type="text"/>
Date :	<input type="text"/>	Rt. dated :	<input type="text"/>