

ITGI's

**TRAVEL**  
protector

**IFFCO-TOKIO**

Date of Application

Policy Number **TPS53**

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD. (ITGI)**  
Corporate Office: 4<sup>th</sup> Floor, "Palm Court" Plot No. 20/4,  
Sukhrali Chowk, Mehrauli-Gurgaon Road, Gurgaon - 122001

Office /Agent  
Number

**Policy Schedule to Travel Protector® Policy (Specified Trip Cover)**

★ NOTICE  
If your destination includes USA &/or Canada  
DO NOT choose Silver or Bronze

Name of the Insured Person	Insured Person must be same as the Proposer except in case of minors			Period of Insurance	From					★ Type of Plan (See NOTICE On left)
	First Name	Middle Name	Surname		To					
Address of the Insured Person				For					Days	I opt out of the following covers;  <input type="checkbox"/> Personal Accident <input type="checkbox"/> Personal Liability (not applicable for Bronze)
Occupation				Major Destinations (please circle destination)						
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth							
Passport Number			Phone (Home)			Purpose of the Trip		<input type="checkbox"/> Business <input type="checkbox"/> Holiday		
Phone (Office)			Phone (Mobile)/E-Mail			Are you travelling with a Group who are also insured Persons of Travel Protector (TPS)?		Group's Nature		
Is Insured Person a Professional Sportsperson?	<input type="checkbox"/> No <input type="checkbox"/> Yes		Is Insured Person planning to participate in any Dangerous Sports?	<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, number of insured Persons in Group		<input type="checkbox"/> Employees of same Company <input type="checkbox"/> Students of same Institution <input type="checkbox"/> Members of same Club <input type="checkbox"/> Members of same Association		
Is Insured Person up to 16 years of age and travelling with both parents, who are also Insured Persons of Travel Protector (TPS)?	<input type="checkbox"/> No <input type="checkbox"/> Yes		Policy Numbers	TPS _____ TPS _____		If discount applicable, Group ID Code				
Name and Relationship of the Proposer	Fill in only if different from Insured Person			State Pre-Existing Disease of the Insured Person, if any						
Beneficiary in case of Death Claim	First Name	Middle Name	Surname	Relationship with Insured Person		Total Premium (Including Tax)				
Declaration and Signature of the Insured / Proposer						Rs.				
						Total Premium in Words (Including Tax)				
					For Insured Persons Above 60 years of age, Medical Reports :		On behalf of IFFCO-TOKIO GENERAL INSURANCE CO. LTD. (ITGI)			
					<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached		(Authorised Signatory)			

TPS-PCS-23