

GENERAL NOTES

Maximum Duration per trip: 180 Days
Maximum Age of Insured: 70 Years

Children below 17 years will be charged only 50% of the normal rate when travelling with a parent who has also purchased a travel insurance policy from HNB General Insurance Limited.

Non insurable persons:
Sportsman (Professional and Semi professionals)

IMPORTANT EXCLUSIONS

Pre-existing conditions
Deductibles
Medical check-ups
Water sports, Winter sports

OTHER TERMS/CONDITIONS EXCLUSIONS AS PER THE POLICY

This brochure is not a contract of insurance. The specific terms, exclusions and conditions applicable to this insurance are set out in the policy which will be issued only upon acceptance of the application form. A draft policy can be provided for your scrutiny if required. This insurance is not transferable.

FOR MEDICAL EMERGENCY

Paramount Healthcare Management (Pvt)Ltd
401-402, Summer Plaza
Marol Maroshi Road
Marol, Andheri (East)
Mumbai 400 059, INDIA

Please call for assistance on our 24hrs dedicated helpline.
Tel : +91 22 4090 8313

Tel: +91 22 4000 4219 / 4000 4207 / 4000 4266
Toll Free No. for USA: 1 866 987 5205
Fax: +91 22 4000 4280

Email: travelhealth@phmhealth.com
Website: www.phmhealth.com

HNB General Insurance Ltd (PB 5167)

2nd Floor, Iceland Business Centre,
No. 30, Sri Uttarananda Mawatha, Colombo 03.
Tel : 0114 676 700 | E mail : info@hnbgeneral.com
Web : www.hnbgeneral.com

Helpline: 0114 883 883



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Proposal Form

Full Name (as per NIC/ Passport): _____

Postal Address: _____

Telephone: _____ Mobile: _____

Email: _____

Passport No: _____ NIC No: _____

Date of Birth:

Age: _____

Selected Scheme: _____

Destination: _____

Length of Trip (both days inclusive): _____

Depart from Sri Lanka:

Return to Sri Lanka:

I/We hereby declare that the particulars given by me/us in this proposal are true and complete, and that I/We have not withheld any information whatsoever material to this proposal. I/We agree that this proposal and declaration is the truth and completeness of the answers herein shall be the basis of the contract between me/us and HNB General Insurance Ltd. If the answer/s now given by me/us cause to be true and/or in the event of change I/We undertake to give immediate notification to the Company. I/we further agree to accept a policy subject to the terms and conditions prescribed by the Company therein.

Signature _____

Date _____

Company Seal
For companies only

Benefits	Scheme*				Annual		Deductible US\$	
	I	II	III	IV	Min.	Max		
	US\$	US\$	US\$	US\$	US\$	US\$		
	Worldwide	Worldwide Except USA & Canada						
Emergency Medical Expenses	50,000	50,000	100,000	250,000	50,000	100,000	250,000	100
Dental	250	250	250	250	250	250	250	100
Repatriation of Mortal Remains	7,000	7,000	7,000	7,000	7,000	7,000	7,000	
Hospital Daily Allowance	15	25	25	25		25	25	48hrs
Loss of Baggage	500	1,500	1,500	1,500		1,500	1,500	50
Delay of Baggage	50	200	250	250		250	250	12 hrs
Loss of Passport	250	250	250	250		250	250	
Financial Emergency				200		200	300	
Personal Accident	10,000	20,000	30,000	30,000		30,000	30,000	
Personal Liability	50,000	50,000	100,000	100,000		100,000	100,000	
Trip Delay			25 <small>(Up to Max.200)</small>	25 <small>(Up to Max.200)</small>		25 <small>(Up to Max.200)</small>	25 <small>(Up to Max.200)</small>	12 hrs
Trip Cancellation			500	1,000		1,000	1,500	10%
Hijack Daily Allowance						50	100	

Office use only Selected TravelMax Plan

*Scheme can be Worldwide or Excluding USA & Canada

Authorised signature _____