



HIMALAYAN GENERAL INSURANCE CO. LTD.

Babar Mahal, GPO Box : 148, Kathmandu, Nepal

Tel : 4231788, 4213014 Fax : 977-1-4241517

Email : ktm@hgi.com.np

APPLICATION FORM- IHI Single/Annual

(Please use block letters)

Admission

I/We wish to take out:

o IHI Single Trip from (d/m/y)____/____/____ up to and including ____/____/____

Destination

o IHI Annual Travel as of (d/m/y) 01/____/____

Please list all the persons to be covered by the policy

First name (s)	Last name	Date of Birth	Age	Sex	Nationality	Premium
Policyholder						
Spouse/dependents						
Total Premium						

The premium for IHI Single Trip is calculated per person as a basic premium and premium per travel day. The premium for IHI Annual Travel is calculated per person per year. Children under two years are insured free of charge but must be listed.

Address in country of permanent residence

Postal address _____

Postal code _____ City _____ Country _____

Telephone _____ Fax _____

E-mail _____

Signature

I, the undersigned, agree that IHI Travel covers in the event of acute illness or accident, but that it does not cover pre-existing conditions which have come into existence before the insurance became effective, nor does it cover illnesses or other conditions related to such pre-existing conditions. I/We hereby give Himalayan General Insurance Co. Ltd. permission to seek such information from doctors and hospitals concerning state of health as the Company deems necessary.

Date _____ Policyholder's signature _____