



বাংলাদেশ ন্যাশনাল ইন্স্যুরেন্স কোম্পানী লিমিটেড

BANGLADESH NATIONAL INSURANCE CO. LTD.

Head Office : Rashid Tower (3rd Floor), Plot # 11, Road # 18, Gulshan-1, Dhaka-1212

Tel : 8832234-5, Fax : 88-02-8832154, E-mail : bnclimited@yahoo.com, Website : www.bnclimited.com

Proposal Form For Overseas Mediclaim Policy (Business & Holiday)

The proposal form should be completed to the best of your knowledge & believe All material facts should be disclosed. Failure to do so company has right to cancell the policy. So insured should have to consult his physician if needed.

Insured Name (as stated in passport in block letter) :	
Permanent Address : (with telephone no)	Present Address : (with telephone no)
Passport No. :	Occupation :
Date of Birth :	Age (Completed year) :
Date of Departure :	Date of Arrival :
Duration of Stay :	Country of Visit :
Marifual Status :	Purpose of Visit :
Plan Type - A Schengen country Except USA & CANADA B Worldwide	Nomineted Contact Person (if necessary)

Medicel History : Insured should read carefully & tick honestly, if answer yes please attach a supporting documents & or a additional paper to describe the present condition as per doctor comments duly signed by the insured.

Are you in good health & free from physical & mental disease ?	yes	No
Are you suffering from slipdisc, spinal disorder, fainting episod, blackout or paralysis ?	yes	Nb
Do you have high blood presure or any heart deseases or rheumatic fever ?	yes	No
Are you diebetic or urinary diseases patient ?	yes	No
Do you have any disorder of stomach, bowel, gallblader of any respiratory problem ?	yes	No
Need any other complaint requiring specialist, consultation or surgical or hospital treatment or investigations ?	yes	No
Need any complaint or tendency that may necessitate such consultation or treatment in the future ?	yes	No
Do you have any intention of engaging in any sports or pastine rendering you liable to personal injury ?	yes	No
Have you admitted any hospital during ast 12 months for any surgical or any illness ?	yes	No
Is there any health releted information that you disclose which could be materail act for the assesment of the proposal for acceptance ?	yes	No

Declaration

1. I will not be travelling against the advice of a physician.
2. I am not waiting list for any medical treatment.
3. I will not on traveling for the purpose of obtaining medical treatment.
4. I have not received a terminal prognosis for a medical condition before this day.

I further declare and warrant that the above mentioned statements are true & final. I am willing to accept the policy subject to the terms. Exceptions & conditions prescribed by Bangladesh National Insurance Co. Ltd. in consent to the insurer seeking medical information. I will co-operate the insurer even any medical test which may related on my physical or mental health as per insurer desire.

Signature of the Insured/ Proposer

Date :

Place :

To be completed by the Doctor

Name of the Physician :	Reg. No.
Qualification :	Telephone No. :
Contact Address :	E-mail Address :
Please describe about past History of Disease, Operation, Accident, Investigations. General or Systematic Examination etc. Please tick the questioneries as below if tick yes please spacificy the precautions as well as.	
Is there any professional opinion in Eclctrocardiogram show any abnormalities ?	yes No
During forthcoming trip is there any abnormality or illness which may require medical treatment ?	yes No
Does the Urine Strip test show any suger ?	yes No
Do you consider the insured is fit to trevel aboroad or can take the stress of air traves ?	yes No
Does the insurer is in treatment in the past or being taken at present ?	yes No

Seal & Signature of the Doctor :

Dated :