



সাধারণ বীমা কর্পোরেশন

SADHARAN BIMA CORPORATION

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PROPOSAL FORM FOR OVERSEAS MEDICLAIM POLICY (EMPLOYMENT & STUDIES)

(To be submitted in original with two copies)

(Available to persons in the age group of 18 to 59 years)

ELIGIBILITY :

This Insurance is specially designed for you if you are a Bangladeshi Citizen residing or will be proceeding shortly temporarily outside Bangladesh solely for the purpose of either

1. Furthering your education; OR
2. Engaging in research activities; OR
3. Temporary posting in a sedentary non-manual work, provided you are a holder of an appropriate and valid visa for the same purpose issued by the authorities in Bangladesh.

IMPORTANT NOTES :

If a spouse or a child accompanying you is / are also to be covered, a separate Proposal Form should be completed by each accompanying person.

You must complete and sign a Proposal Form to the best of your knowledge and belief and all material facts* must be disclosed. An adult may complete and sign on behalf of his child aged 18 years or less.

* A material fact is one that is likely to influence the acceptance or assessment of the Proposal. You should consult the Corporation/ Company if you are in any doubt as to what constitutes a material fact.

1.0 PERSONAL DETAILS :

1.1. Name (Mr. / Mrs. / Miss/ Master) _____
(BLOCK LETTER)

1.2. Sex : Male / Female

1.3. Date of Birth : _____ / _____ / _____ Age : _____
DD MM YY

1.4. Height _____ ft _____ inch (_____ cms) Weight: _____ lbs _____ (kgs)

1.5. Passport No. : _____ (copy attached)

1.6. Date of Issue : _____

1.7. Type of Visa held : _____ other _____

1.8. State Type : _____

1.9. Is the Proposed Person a spouse or child of an Insured Person (participant), if so, state Policy No. _____
of Insured Person and Passport No. _____ of Participant.

2.0 Your address in Bangladesh : _____

_____ Tel. No. _____

2.1 Your next of kin (Mr. / Mrs. / Miss.) _____

2.2 Relationship : _____

2.3 Address : _____

_____ Tel. No. _____

3.0 Your Country of Visit : _____

3.1 Country of Studying or Posting : _____

3.2 Address in Country of Studying or posting : _____

_____ Tel. No. _____

3.3 Name and Address of School / Work place you are attending :

_____ Tel. No. _____

3.4 Brief details of nature of future studies/ research and activities/ or employment/ employment to be undertaken

_____ from _____ / _____ to _____ / _____

MM YY MM YY

4.1 Name and Address of Bangladeshi Sponsor : _____

_____ Relationship _____

5.0 Period of Insurance required : _____

5.1 Commencement Date : _____ / _____ / _____
DD MM YY

5.2 Total period of months that you are intending to study / work in the country of study / posting _____ months

6.0 **YOUR MEDICAL HISTORY :**
PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO (A DASH IS NOT SUFFICIENT)

6.1 Are you in good health and free from physical defect or infirmity ? _____

6.2 Do you ordinarily enjoy good health ? _____

6.3 Have you ever suffered from : _____

a) Any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind ? _____

b) High blood pressure, a heart condition, haemorrhoids, varicose veins, or other circulatory disorder, rheumatic fever or diabetes? _____

c) A "slipped disc" or other spinal disorder, a hernia, or any rheumatic or arthritic condition? _____

d) Any respiratory, urinary or allergic condition, or any disorder of the stomach or bowels? _____

e) Any other condition requiring specialist consultation or surgical or hospital treatment? _____

f) Any symptom or tendency that might necessitate such consultation or treatment in the future? _____

6.4 Have you any intention of engaging in winter sports or any other sports or pastimes rendering you liable to personal injury? _____

6.5 Are there any additional facts affecting the proposed insurance which should be disclosed to Insurers

6.6 Name and address of usual medical physician in Bangladesh

_____ Tele No. _____

