

OVERSEAS MEDICLAIM PROPOSAL FORM

GOING ABROAD ON BUSINESS
OR
HOLIDAYS?

HAVE A MEDICLAIM POLICY
FROM
PARAMOUNT INSURANCE CO. LTD.

The overseas Medclaim Policy provides indemnity for expenses incurred for medical treatment for illness, disease contracted or injury sustained during overseas travel and which is primarily in the nature of an emergency and which is necessary to be undertaken immediately, without which the Proposer is not able to leave the overseas country under medical advice, the attention of the Proposer is drawn medical history of the proposal form. specially in relation to previous treatment of illness or diseases such as renal disorders or diseases, general or vascular disorders, gall bladder, disorders, arthritis requiring surgery and if any treatment has been received for any of the above disorders at any time in the past, such treatment must be disclosed to the issuing office.

AVAILABLE TO PERSONS IN THE AGE
GROUP OF 6-MONTHS TO 65-YEARS

PARAMOUNT INSURANCE COMPANY LTD.
HEAD OFFICE

SUMMIT CENTER 3RD FL, 18-KAWARAN BAZAR, DHAKA – 1215
PHONES: 8118982, 9137554, FAX - 8802 8117849
AUTHORIZED PERSON: MD. FARUQUE, MOB: 01711-688268
Web: www.paramountgroupbd.com email: picl@dhaka.agni.com

BRANCHES

MOTIJHEEL: DON PLAZA 5TH FL, GULISTAN, DHAKA.
AUTHORIZED MR. MANIK DAS Mob: 01715-864226

GULSHAN : NAVANA TOWER LEVEL-7, 45-GULSHAN CIRCLE-1,
DHAKA. AUTHORIZED: MR. SAIFUL ISLAM Mob: 01711-642082

: COVERAGE :

PLAN – A – SCHENGEN COUNTRIES ONLY – **EURO 30,000.--**

PLAN – B – WORLDWIDE INCLUDING USA & CANADA

N.B.: The Proposal Form should be completed to the best of your knowledge and belief, and all Material Facts should be disclosed. Failure to do so may nullify cover under any policy issued.

THESE ARE THE SCHENGEN COUNTRIES

AUSTRIA	BELGIUM	CZECH REP	DENMARK	ESTONIA
FINLAND	FRANCE	GREECE	GERMANY	HUNGARY
ICELAND	ITALY	LUXEMBOURG	LITHUANIA	LATFIA
MALTA	NETHERLANDS	NORWAY	POLAND	PORTUGAL
SWEDEN	SPAIN	SLOVAKIA	SLOVENIA	SWITZERLAND

Name of the Proposer	
Father/Husband	
Home Address	
Phone	
E-mail No.	
Occupation as per Passport	
Date of Birth and Age in Completed year	
Passport Number	
Purpose of Trip	
Proposed date of departure from BD.	
No. of days stay outside BD	
Itinerary State countries and place to be visited and approx. No. of days at each place	

MEDICAL HISTORY

TO BE COMPLETED BY THE PROPOSER

PLEASE ANSWER THE FOLLOWING QUESTIONS IN YES OR NO. PLEASE GIVE FULL DETAILS IF THE ANSWER IS YES

- Are you in good health and free from physical and mental disease or infirmity?
YES NO
- Have you ever suffered from –
 - Any nervous, mental or psychiatric disease, slipped disc or other spinal disorder, fainting episode, blackout, fit or paralysis of any kind.
YES NO
 - High blood pressure, heart disease including ischaemic heart disease, piles, varicose veins other circulatory disorders or rheumatic fever?
YES NO
 - Hernia any rheumatic or joint disease, urinary disease or diabetes?
YES NO
 - Any respiratory or allergic disease or any disorder of the stomach, bowel or gall bladder?
YES NO
 - Any other complaint requiring specialist's consultation or surgical or hospital treatment or investigation?
YES NO
 - Any complaint or tendency that may necessitate such consultation or treatment in the future?
YES NO
- Are there any additional facts affecting the proposed insurance, which should be disclosed to insurers?
YES NO
- Have you any intention of engaging in winter sports or pastimes rendering you liable to personal injury?
YES NO

I am willing to accept the Policy, subject to the terms, exceptions and conditions prescribed by Paramount Insurance Company Ltd. therein.

Dated : _____ Signature : _____

RATES OF PREMIUM FOR PLAN "A" AS FROM 01/04/2007

Age Period	½ - 40 Years	41 – 50 Years	51 – 55 Years	56 – 59 Years	60 – 65 Years
1-14	1886	2830	3804	4755	8320
15-21	1965	3019	4055	5069	8870
22-28	2201	3368	4529	5659	9903
29-35	2714	4069	5468	6838	11965
36-47	3108	4663	6269	7837	13714
48-60	3656	5523	7427	9282	16243
61-75	4521	6818	9167	11460	20054
76-90	5404	8083	10868	13545	23772
91-120	9137	13795	18545	23183	No cover
121-147	11001	16543	22242	27805	No cover
148-180	15289	22819	30936	38762	No cover