

PROPOSAL FORM FOR TRAVEL INSURANCE

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):
(mobile): (web):
(email):
(postal): (code): (town/ city):
- c. Proposer Pin Number :

SECTION 2 - PROPOSAL DETAILS

- i. Date of Birth Passport No.
- ii. Dates of Travel (From): (To):
- iii. Country(ies) of Travel
- iv. Mode of Travel :
- v. Reason for Travel
- vi. Next of Kin : (a) Names (b) Relationship
(c) Contacts

SECTION 3 - QUESTIONNAIRE

1. Has any insurer declined to insure, renew or offered insurance at increased terms for the contingencies covered under this policy? If "Yes", provide details : Yes No
2. Are you currently undergoing any medical treatment? If "Yes", provide details : Yes No

DECLARATION

I/we declare and warrant that the above answers/information in every respect are true and correct and I/we have not withheld any information likely to affect the acceptance of this proposal.

Proposer's Signature : _____ Date : _____