



PROPOSAL FORM FOR OVERSEAS TRAVEL INSURANCE

1 Name of Person to be insured (in full): Mr./Mrs./Miss:
Name: [] Date of Birth: []

Name of Travelling Dependants
Name: [] Date of Birth: []

1.1 Occupation: []

2 Contact Details (including your permanent address and telephone number): []

3 Your Passport Number and the Passport Numbers of all travelling dependants:

4 Details of Journey: From: [] To: []

4.1 Purpose of Journey (Please tick as appropriate):
Holiday/Leisure [] Conference/Seminar [] Exhibitions/Trade Fair []
Study [] Training [] Business []
Others (Please advise) []

5 Duration of trip: From: [] To: []

6 Contact person in case of an emergency (including their address and telephone number):
a) Local [] b) Country of Visit []

7 Details of any condition for which you and/or any of your travelling dependants have previously taken medication, had treatment or sought medical advice for in the last two years: []

7.1 Name, Address and Telephone Number of your and all travelling dependants regular Doctor. If you do not have a regular doctor please provide the contact details of the last doctor you saw: []

8 Have you or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline or impose special conditions in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years?
YES [] NO [] If yes please provide details []

9 MEDICAL HISTORY: Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them. This applies even if medical advice has not been sought.

10 DECLARATION: I hereby declare that the above answers are true and complete and that I have withheld no information. I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between all insured persons and Underwriters. If the answers now given by me cease to be true and/or complete, prior to departure I undertake to give immediate written notification to the Underwriters. I authorize any doctor or physician, healthcare practitioner, hospital, or other medical care facility, the Ministry of Health, or any person who has knowledge or records or has attended or examined me or any other named persons mentioned above to provide to Underwriters or to Assistance Company all information with respect to any illness, injury, medical history, consultants, medications, treatments and copies of all hospital or medical records for the purpose of this policy application and any subsequent claim.

I authorize Underwriters or the Assistance Company to consult its existing files for this purpose. A photocopy or fax copy of this Declaration and Authorization shall be valid as the Original.

11 Signature of Main Applicant: [] Date: []

Liability of Underwriters does not commence until the proposal is accepted, premium received and policy issued. Please ensure you read the policy carefully for a detailed description of cover, limits and terms and conditions.