



The strength behind your insurance

PERSONAL ACCIDENT INSURANCE APPLICATION

Name of Policyholder: _____

Address: _____

Name of Insured Person: _____

Tel No.: _____ Fax No.: _____ Email: _____

Sex: _____ Date of birth (day/month/year): _____

Passport/Government I.D. No.: _____ Country of Issue: _____

Occupation and Duties: _____

Proposed Sum Insured: _____ Proposed commencement date: _____

Beneficiary: _____ Relationship to Insured Person: _____

Do you have any other Personal Accident Insurance? Life Insurance? If so, please state name of insurance company and amount of Sum Insured.

Do you travel? If so, please indicate the average number of trips per year and the usual destinations.

Do you play sports? Ride a motorcycle? Fly, other than as a fare-paying passenger? Please give details.

Do you have any physical defects or infirmity of any kind, or any serious defects of sight or hearing or any chronic ailment?

Have you ever suffered any serious accidents during the past 5 years which have required medical treatment?

Have you ever been declined, deferred, or accepted only on special terms for Life or Accident Insurance, or has any company cancelled or declined to renew your policy, or imposed special terms?

Have you ever made a claim under an Accident policy?

I/We hereby apply for a policy to be based on the above statements and declare that, to the best of my/our knowledge and belief, all answers to the foregoing questions are correctly and accurately recorded, and that they are full, complete and true. I/We declare that the Insured Person is in good health; that there are no circumstances connected with the stated occupation(s), activities or pursuits which render me/us particularly liable to injury; have temperate habits; am/are not contemplating any hazardous undertaking and that I/We have not concealed any circumstance(s) that ought to be known to the insurers. I/We agree that this proposal and declaration shall be the sole basis of the Contract between the applicant and **Pacific Cross Vietnam**.

Signature of Insured Person: _____ Date (day/month/year): _____

Signature of Policyholder: _____ Date (day/month/year): _____

Broker: _____