

**TRAVEL INSURANCE APPLICATION**

 Applicant: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Country of Origin: \_\_\_\_\_ Email: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**COVERAGE SELECTED:** (please  appropriate box)

<input type="checkbox"/> TRAVEL FLEX	<input type="checkbox"/> BON VOYAGE	<input type="checkbox"/> ANNUAL TRAVEL
<b>Area of Coverage:</b> <input type="checkbox"/> South East Asia <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide <b>Fundamental Benefits:</b> 1. Medical Expenses And Emergency Assistance <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C 2. Personal Accident <input type="checkbox"/> VND 400,000,000 <input type="checkbox"/> VND 1,000,000,000 <input type="checkbox"/> VND 2,000,000,000 <input type="checkbox"/> VND 5,000,000,000 <b>Optional Benefits:</b> Incidental Cover <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Plan:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>Plan:</b> <input type="checkbox"/> Premier Plan <input type="checkbox"/> Executive Plan
<b>Premium Type:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family		

**PERIOD OF INSURANCE:** from \_\_\_\_/\_\_\_\_/\_\_\_\_ for \_\_\_\_ days  
day/ month / year

Name of Insured Person	Sex	Date of Birth	Passport No.	Optional Rental Car Protection* Period of Insurance (day/month/year)	Premium (VND)
_____	_____	_____	_____	From / / for days	_____
_____	_____	_____	_____	From / / for days	_____
_____	_____	_____	_____	From / / for days	_____
_____	_____	_____	_____	From / / for days	_____

*\* Applied for Travel Flex and Bon Voyage only*

TOTAL \_\_\_\_\_

**BENEFICIARY INFORMATION (for Personal Accident Benefit only)**

Beneficiary Designation: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PAYMENT BY:**
 American Express     Master Card    Card No.: \_\_\_\_\_  
 Visa     Cash    Expire Date: \_\_\_\_\_  
*Bank change applied.*
**DECLARATION:** I hereby apply for \_\_\_\_\_ to be based on the above statements, and warrant that to the best of my knowledge and belief that no Insured Person is traveling contrary to the advise of a medical practitioner or for the purpose of obtaining medical treatment and that I understand treatment of any pre-existing, existing, recurring or congenital medical conditions is not insured.

I further warrant that I am not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned.

Applicant's signature: \_\_\_\_\_

Date (day/month/year): \_\_\_\_\_ Broker: \_\_\_\_\_

**Note:** No refund of premium will be made once the Policy has been issued.