
Additional information:

Reason for frequent travelling:

Do you have health or medical insurance provided by any other company? If yes, does the policy provide coverage for you while travelling outside your country of residence?

Is this insurance intended to replace any other insurance? If yes, please state type of insurance and company

Please state occupation and nature of the work.

DECLARATION:

We/I hereby apply for _____ to be based on the above statements, and warrant that to the best of our/my knowledge and belief that no Insured Person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that we/I understand treatment of any pre-existing, existing, recurring or congenital medical conditions is not insured. We/I further warrant that we/I are/am not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned.

We/I understand that the Company reserves the right to decline any claim if any declaration found incorrect or missed in this form.

Confirmed by Policy Holder

(signature & stamp)

Broker: _____

Date of Application (day/month/year): _____