

FREQUENT TRAVEL DECLARATION FORM

(Individual)

This document forms a part of the Policy

1. THE PROPOSER/ POLICY HOLDER

(Please fully provide exact information in capital characters and by pen. This information will be used for invoice issuance)

Company name: _____ Nature of business: _____
(when travelling for business)

Client Name: _____ Position: _____
(Insured person)

Country of Citizenship: _____ Country of Residence: _____

Address: _____

Telephone number: _____ Fax number: _____

Email: _____ Cell phone: _____

2. INSURANCE PERIOD:

Policy effective Date (day/month/year): _____ Expiry Date (day/month/year): _____

3. TRAVEL PATTERN:

Anticipated travel in coming 12-month period:

Geographical Area	Asean	Asia	Worldwide
Number of Trips			
Average Trip Duration			
Maximum Duration of a Trip			

(* Note:

Asean: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam.

Asia: ASEAN countries, China, Hong Kong, Macau, Taiwan, Korea, Australia, New Zealand, Japan, India, Sri Lanka, Mongolia

Worldwide: Asean, Asia and the rest of the world

Please state your travel pattern in the past 12-month period:

(number of trips for Personal travel, number of trips for business travel, places visited, average duration)

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): _____