

PERSONAL ACCIDENT INSURANCE APPLICATION

Name of Policyholder:			
Address:			
Name of Insured Peson:			
Tel No.:	Fax No.:	Email:	
Sex:	Date of birth (day	y/month/year):	
Passport/Government I.D. No.	:	Country of Issue:	
Occupation and Duties:			
Proposed Sum Insured:	Pro	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 indi	cate the average number o	f trips per year and the usual destinations.	
Do you play sports? Ride a mot	orcycle? Fly, other than as	a fare-paying passenger? Please give details.	
Do you have any physical defect ailment?		or any serious defects of sight or hearing or any chronic	
Have you ever suffered any serio	ous accidents during the pa	ast 5 years which have required medical treatment?	
Have you ever been declined, de any company cancelled or declin		n special terms for Life or Accident Insurance, or has or imposed special terms?	
Have you ever made a claim und	der an Accident policy?		
knowledge and belief, all answer full, complete and true. I/We connected with the stated occup temperate habits; am/are not of	rs to the foregoing question declare that the Insured Popation(s), activities or pursuantemplating any hazarde known to the insurers. I/V	ove statements and declare that, to the best of my/our ns are correctly and accurately recorded, and that they are terson is in good health; that there are no circumstances uits which render me/us particularly liable to injury; have ous undertaking and that I/We have not concealed any We agree that this proposal and declaration shall be the sole throse Vietnam.	
Signature of Insured Person:		Date (day/month/year):	
Signature of Policyholder:		Date (day/month/year):	
Broker:			