TRAVEL INSURANCE APPLICATION

Applicant: _____

Residential Address: _____

Country of Origin: _____ Email: _____

Tel: _____ Fax: _____

COVERAGE SELECTED: (please √ appropriate box)

☐ TRAVEL FLEX	☐ BON VOYAGE	☐ ANNUAL TRAVEL
Area of Coverage: ☐ South East Asia ☐ Asia ☐ Worldwide **Fundamental Benefits:** 1. Medical Expenses And Emergency Assistance ☐ A ☐ B ☐ C 2. Personal Accident ☐ VND 400,000,000 ☐ VND 1,000,000,000 ☐ VND 2,000,000,000 ☐ VND 5,000,000,000 **Optional Benefits:** Incidental Cover ☐ Yes ☐ No	**Plan:** ☐ A ☐ B ☐ C	**Plan:** ☐ Premier Plan ☐ Executive Plan ☐ Study abroad country: .....
Premium Type: ☐ Individual ☐ 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

❑ Visa ❑ Cash

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.*

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