FREQUENT TRAVEL DECLARATION FORM

PACIFIC CROSS

(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)

_____

_____

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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.

_____

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_____

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 planed.

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   **Broker:** _____

 (signature & stamp)

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