

TRAVEL INSURANCE APPLICATION

Applicant:										
Residential Address:										
Country of Origin:					Email:					
Tel:				_ Fax: _						
COVERAGE SELECTED	: (please √ appro	opriate box)								
☐ TRAVE	L FLEX				BON	VOY	AGE	□ A	NNUAL TRAVEI	
Area of Coverage:				Plan	n:			Plan	1:	
☐ South East Asia	☐ Asia	■ Worldwi	ide		<u> </u>	В	\Box C	☐ P	Premier Plan	
Fundamental Benefits:								☐ E	Executive Plan	
1. Medical Expenses	And Emergency	Assistance						□ S	tudy abroad country	
\square A	■ B	\Box C						•••••		
2. Personal Accident										
□ VND 400,00			000,000,000							
□ VND 2,000,	000,000	■ VND 5,	000,000,000							
Optional Benefits: Incidental Cover	☐ Yes		No							
Incidental Cover	u res	_	NO							
Premium Type:	Individu	ıal	☐ Family	У						
PERIOD OF INSURANC	E: from/_	nonth / year	fordays							
	taly, 11	ionen y year		· ·	. D	. 10		. • Ale		
Name of Insured Person	Sex Da	te of Birth	Passport No. (Optiona Period			ar Prote day/mont		Premium (VND	
							` '	. ,		
				From	/	/	for	days _		
				From	/	/	for	days		
				From	/	/	for	days		
				From	/	/	for	days		
* Applied for Travel Flex and Bon I	√oyage only								L	
BENEFICIARY INFORMAT	ΓΙΟΝ (for Perso	nal Accident	Benefit only)					10111		
Beneficiary Designation:					Relationship:					
PAYMENT BY:										
☐ American Express	☐ Master C	`ard								
□ Visa	☐ Cash	ard								
V 13a	Casii									
DECLARATION: I hereby										
that to the best of my know	_					_	-			
practitioner or for the purp		-			und	erstar	nd treat	ment o	f any pre-existing	
existing, recurring or cong					2000	that	mar na	aggerita	ate the concellation	
I further warrant that I am or curtailment of the journ		•	ii, cause or cii	Cumsta	inces	ınaı	may m	ecessita	te the cancenano	
of cartaminent of the journ	tey as plained.									
Applicant's signature:										
Date (day/month/year):				Brok	er:					
Note: No refund of premium will be										