



SUN
insurance

Company Limited

Agency	:	
Policy No.	:	

TRAVEL PROPOSAL

Insured	:	_____			
Address	:	_____ _____			
Date of Birth	:	_____	Phone	:	_____
Occupation	:	_____			
Option Required : (Please tick)	Option A	<input type="checkbox"/>	Option B	<input type="checkbox"/>	
	Individual	<input type="checkbox"/>	Individual	<input type="checkbox"/>	
	Family	<input type="checkbox"/>	Family	<input type="checkbox"/>	
No. of Days Travelling	_____	From :	_____	To :	_____
Flight Details :	_____				
Main Destination :	_____				
Purpose of Trip :	Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	
Have you suffered from any previous illness or disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please provide full details	_____ _____ _____				
Name of your usual doctor :	_____				
Please sign an approval to enable us to obtain details about your medical history.					
Name of Beneficiary :	_____				
I declare that I am in good health and free from any illness, physical defect or infirmity and I am not travelling to receive medical treatment.					
Date :	_____	Signature :	_____		