

TRAVEL PROPOSAL

Insured Name :

Address :

Date of Birth : Phone :

Occupation :

Option Required: Option A Option B
(Please tick)

Individual Individual

Family Family

No. of Days Travelling From : To :

Flight Details :

Main Destination :

Purpose of Trip : Business Pleasure

Have you suffered from any previous illness or disability? Yes

If yes, please provide full details No

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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 :