TRAVEL INSURANCE

Proposal Form



Passport NO. PIN NO. Date of birth:	Name of Insured:		
Telephone No Postal code:	Passport NO.	PIN NO	Date of birth:
Period of insurance: from:	P.O. Box:	Town/City:	Date:
Period of insurance: from:	Telephone No	Postal code:	
Travelling from: Destination: Via:	Purpose for travel:		
Duration of travel in days:	Period of insurance: fro	m:	to:
Next of Kin: a) Full Name:	Travelling from:	Destination:	Via:
b) Relationship: c) Contact:	Duration of travel in days:		
Has any insurance provider declined to insure, renew or asked for an increase on your premium? Yes No Are you currently undergoing any medical treatment procedures? If yes, kindly give details of the extent of injury DECLARATION I/We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal. Date:	Next of Kin: a) Full Name:		
Are you currently undergoing any medical treatment procedures? If yes, kindly give details of the extent of injury DECLARATION I/We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal. Date:	b) Relationship: _		c) Contact:
DECLARATION I/We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal. Date:	If yes, kindly give details		Yes No
//We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal. Date:	, , ,	•	Yes No
I/We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal. Date:			
Date: Stamp:		he above answers and statements c	
Duie.	information regarding this prop	osal.	
Signature:	Date:		Stamp:
	Signature:		

Paybill: 886835