



TRAVEL INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

Name of Person Travelling: (Name as per passport)			
Passport No.:			
Date of Birth: (dd/mm/yyyy)			
Nationality:			
Gender:			
Which country are you travelling to?			
Date of Departure: (dd/mm/yyyy)		Date of Arrival: (dd/mm/yyyy)	
Annual Cover Required? YES /NO			

OTHERS TO BE INSURED:

FULL NAME (as per passport)	PASSPORT NO.	DATE OF BIRTH (dd/mm/yyyy)	NATIONALITY	GENDER

CONTACT DETAILS:

Name:

Mobile No.:

Email ID:

Address:

PO Box:

I hereby agree that once issued, the Travel Insurance cannot be cancelled and that the premium is non Refundable.

DATE: _____

Signature over Name: _____