

Travel Insurance



Proposer's Name
Occupation
Postal Address: Tel. No Fax No
I.D./ Passport No
Date of birth Nationality Marital Status

Period of Insurance /...../..... to/...../.....
(The insurance that is beyond the acceptance of the company and payment of insurance premium).

Do you intend to travel abroad during the next 12 months? Yes No

If yes, please state where and how frequently and whether for business or pleasure.

* Is the existence of a previously chronic diseases prevented from traveling

1. Date and circumstances

2. Results

Have you ever suffered from, hernia, disc prolapsed/sciatica or any other physical infirmity of choronic nature? Yes No

If yes, give details

A part from any matter you have already described, are you now in and do you generally enjoy good health? Yes No

If No please give particulars

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Please Note the sum insured 50,000 USD equivalent More Than 30.000 Euros (thirty thousand euros)

Declaration

I declare that the statements contained in this proposal made by me are correct and true. Also, I agree that this proposal to be the basis of the Insurance contract and is deemed to be incorporated therein.

Proposer's Signature

Date...../...../.....

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