



TRAVEL INSURANCE PROPOSAL FORM

1. Details of Proposer

Name: Address:
 Contact Nos: Email Address:
 D.O.B: Gender:
 Marital Status: NIN:
 Occupation: Passport Number:

2. Details of Voyage

Period of Coverage: From To:
 Destination: Mode of Transport:
 Countries to be Visited:
 Purpose of Visit: Geographical Coverage:

3. Accompanying person(s) covered by this policy

Names	Age	Date of Birth	Gender	Passport Number

4. Are any of the persons to be insured suffering from any mental/ physical defects or infirmity or pre-existing conditions?

If so, give details

5. Declaration

I/We in effecting insurance in accordance with the information provided in this proposal declare and warrant:

- The statements in this proposal form are true.
- I/We have disclosed all matters which to my/our knowledge you should be aware of.
- In signing this form it does not bind the proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.
- No insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- That I/We agree to accept the terms, exclusions, conditions and limitations of the Alliance Travel Insurance Policy.

Signature: Date: