



Travel Insurance –Client Travel Details

SECTION 1: IDENTIFICATION INFORMATION

Full Name: Pin No.
(As it appears on identification document provided) (Attach copy)

Business/ Occupation:
(Please provide a brief description of your occupation , business or principal activity)

Identification Document & No.: National / Alien ID: No. Passport: No.

D.O.B Current Residential address:

Cell phone No. Tel No. Email:
(Alternative line)

Mailing Address: P.O. Box Town: Post Code: Country:

Next of kin
 Name Relationship
 Tel No. Address

SECTION 2: BENEFICIARIES (If under 18 years, details of guardian)

Please provide details of your beneficiaries.

1.	Name (As it appears on identification document)	ID/Passport No. (Attach copy)	Relation	Tel No.	Current Address
2.					
3.					
4.					
5.					

SECTION 3: TYPE OF COVER

Please tick where appropriate:

Individual In-country In bound plus Schengen

I	
F	

 Family Seniors Student
 Group In bound

If family please fill below. If group attach list in format below.

1.	Name (As it appears on identification document)	ID/Passport No. (Attach copy)	PIN No.	Cell Phone Number
2.				
3.				
4.				
5.				
6.				
7.				

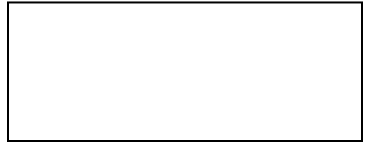
Section 4: TECHNICAL INFORMATION

Declaration

I do hereby declare that the above answers are true and I have not withheld any material information regarding this proposal.

Signature _____

Date ___/___/___



Rubber Stamp/Seal