

RELIANCE INSURANCE PROPOSAL FORM FOR OVERSEAS TRAVEL INSURANCE

1 Name of Person to be insured (in full): Mr./Mrs./Miss:

Name:

Date of Birth:

Name of Travelling Dependants

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

1.1 Occupation:

2 Contact Details (including your permanent address and telephone number):

3 Your Passport Number and the Passport Numbers of all travelling dependants:

4 Details of Journey: Countries to be visited

From:

To:

4.1 Purpose of Journey (Please tick as appropriate):

Holiday/Leisure	<input type="checkbox"/>	Conference/Seminar	<input type="checkbox"/>	Exhibitions/Trade Fair	<input type="checkbox"/>
Study	<input type="checkbox"/>	Training	<input type="checkbox"/>	Business	<input type="checkbox"/>
Others (Please advise)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

5 Duration of trip: Date

From:

To:

6 Contact person in case of an emergency (including their address and telephone number):

a) Local

b) Country of Visit

7 Details of any condition for which you and/or any of your travelling dependants have previously taken medication, had treatment or sought medical advice for in the last two years:

7.1 Name, Address and Telephone Number of your and all travelling dependants regular Doctor. If you do not have a regular doctor please provide the contact details of the last doctor you saw:

8 Have you or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline or impose special conditions in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years?

YES NO If yes please provide details

9 MEDICAL HISTORY: Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose the

10 DECLARATION: I hereby declare that the above answers are true and complete and that I have withheld no information. I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between

11 Signature of Main Applicant:

Date:

Liability of Reliance Insurance Ltd does not commence until the proposal is accepted, premium received and policy issued. Please ensure you read the policy carefully for a detailed description of cover, limits and terms and conditions.