

Name of Insured: _____

Passport NO. _____ PIN NO. _____ Date of birth: _____

P.O. Box: _____ Town/City: _____ Date: _____

Telephone No. _____ Postal code: _____

Purpose for travel: _____

Period of insurance: from: _____ to: _____

Travelling from: _____ Destination: _____ Via: _____

Duration of travel in days: _____

Next of Kin: a) Full Name: _____

b) Relationship: _____ c) Contact: _____

Has any insurance provider declined to insure, renew or asked for an increase on your premium ?

If yes, kindly give details

Yes ☐ No ☐

Are you currently undergoing any medical treatment procedures?

If yes, kindly give details of the extent of injury

Yes ☐ No ☐

DECLARATION

I/We do hereby declare that the above answers and statements are true, and that I/we have withheld no material information regarding this proposal.

Date: _____

Stamp:

Signature:
