



## FAIRFIRST INSURANCE LIMITED

(Company No. PB 5180)

No. 33, St. Michael's Road, Colombo 03, Sri Lanka.

Tel : 011-2428428 (Customer Service) 011-2428000 (General Line) Fax : 011-2438438

E-mail: info@fairfirst.lk Website: www.fairfirst.lk

### TRAVEL INSURANCE PROPOSAL FORM

Please disclose in this form, all the facts which you know or ought to know. Otherwise the policy issued hereto may be void.

#### General Information

1. Name of the Proposer (Mr./Mrs./Miss/Rev/Dr.) :  
MR. RAJAH WEJAYASUNDARAM RANJANKUMAR

.....  
Date of Birth 13 /MAY / 1952.....,..... Passport No N5223712.....

2. Permanent Address : 24 - 3/4, DAYA ROAD, COLOMBO 6, SRI LANKA .....  
.....Telephone Nos. 0767213611

3. Select Plan : Individual / Family (Single Trip) ☐ Student Plan (Single Trip) ☐ Corporate  
(Multiple trips) ☐

4. Dependents to be Covered

Name	Relationship to Proposer	Date of Birth	Passport No.
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

5. Leaving Sri Lanka on : 05/10/2022 ..... Returning to Sri Lanka on 12/10/2022.....

6. Country / Countries to be visited : UNITED ARAB EMIRATES .....

- 7.. Please choose coverage / plan and tick appropriate box :

Worldwide excluding Sri Lanka	<input type="checkbox"/>	Platinum	<input type="checkbox"/>	Gold	<input type="checkbox"/>
Worldwide excluding USA, Canada & Sri Lanka	<input type="checkbox"/>	Platinum	<input type="checkbox"/>	Gold	<input type="checkbox"/>
Asian Countries excluding Japan & Sri Lanka	<input type="checkbox"/>				
Other (please specify)					

8. Purpose of Visit

Holiday ☐ Studies ☐ Business ☐ Training ☐  
Others ☐ (Please specify) .....

9. i) Name of nominee in the event of accidental death of the Proposer ?  
 VIRAJ RANJANKUMAR .....
- ii) Relationship to Proposer : SON ..... Contact no. +1 6478537060.
10. Are any of the persons to be insured pregnant ? Yes ☐ No ☐  
 If "Yes" please state name (s) and number of months.  
 .....
11. Do you or any of the dependents covered here having a history of any pre- existing ailments, diseases, operations, accidents, investigations etc. Yes ☐ No ☐  
 If "Yes", Please declare  
 HYPERTENSION .....  
 .....  
 .....

**Declarations :**

I hereby declare to the best of my knowledge and belief that –

- The particulars given on this form are true and complete.
- Each person to be insured is in good health and free from any physical defect or infirmity.
- Each person to be insured is domiciled in Sri Lanka.
- I am not aware of any circumstance which may cause the trip to be cancelled or curtailed.
- I agree that this Proposal and Declaration shall be the basis of Contract and accept the Company's Policy applicable to the insurance.

19/09/2022  
 Date

.....  
 Signature of Proposer  
 (For and on behalf of persons to be insured)