

## Travel Insurance - Proposal Form

|                 |        |                             |                |              |
|-----------------|--------|-----------------------------|----------------|--------------|
| <b>Proposer</b> |        |                             |                |              |
| Name            |        | Are you also the traveller? |                | NRIC/FIN/UEN |
| Mailing Address |        |                             |                | Postal Code  |
| Date of Birth   | Gender | Race                        | Marital Status | Nationality  |
| Contact No.     | Email  |                             |                | Occupation   |

Note: Please use "dd/mm/yyyy" format for all DATE fields.

| <b>Additional Travellers</b> |        |               |          |             |              |
|------------------------------|--------|---------------|----------|-------------|--------------|
| Name                         | Gender | Date of Birth | NRIC/FIN | Nationality | Relationship |
|                              |        |               |          |             |              |
|                              |        |               |          |             |              |
|                              |        |               |          |             |              |
|                              |        |               |          |             |              |
|                              |        |               |          |             |              |
|                              |        |               |          |             |              |
|                              |        |               |          |             |              |

|   |                     |               |
|---|---------------------|---------------|
| <b>Travelling Details</b>                             |                     |               |
| Period of Insurance<br>From:                      To: | Countries of Travel | Selected Plan |

\_\_\_\_\_  
Proposer's Signature

\_\_\_\_\_  
Date

**Important Notice: Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142) -**  
You are to disclose in this form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued may be void.

The insurance will not be in force until the application and premium have been received and accepted by the company.

Please note that by submitting this form, you are deemed to have given us the consent to collect, use and disclose the information for the purpose of obtaining the quotation; issuance of policy; and also to contact you via (phone/fax/text/email) on matters related to your travel insurance.

Please email form to: [Lyongohsh@gmail.com](mailto:Lyongohsh@gmail.com)