



TRAVEL INSURANCE PROPOSAL FORM

Name of Proposer:

(If a partnership, give names of all partners)

Email Address: Phone Number:

Postal Address: Physical Address:

Plot No : District:

The Business: Industry:

TPI NO: Co. Reg. No. Date of Registration.....

Contact Person: ID NO: Phone Number.....

Period of Journey: From: To:

Countries to be visited:

Sections A, B, D and E will be for Period of Journey
 Section C will be from date of this policy to expiry date of policy

1 Limits Required

Persons to be insured	Amount of Insurance Required			
	SECTION A	SECTION B	SECTION C	SECTION D

- NB:
1. The cover chosen must at least be the minimum (as stipulated overleaf).
 2. Please furnish description and value of any item of personal luggage which exceeds 20% of the sum insured (per person).





- 2 (a) Does any person named in (1) hold insurance against Personal Accident or Baggage? YES NO
If YES, please furnish details:
- (b) Does any person named in (7) suffer from any illness or disability or receiving Medical Treatment of any kind? YES NO
If YES, please furnish details:
- (c) Is there any possibility of curtailment of the trip or cancellation of trip relating to any person Named in (1)? YES NO
If YES, please furnish details:
- 3 Do you have any other relevant information relating to the travel which may be required for the purposes of assessment of risk by Company? YES NO
If YES, please furnish details:
- (a) Have you undertaken similar trips earlier? YES NO
- (b) Has any Company refused or imposed additional terms for insurance? YES NO
- (c) Have you made any claims on insurance in respect of earlier travels in the last five years? YES NO
If YES, please furnish details:

Do you have any outstanding insurance / Premium payment Commitment with any other Insurers? YES NO
If yes, please give details

DECLARATION

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be the basis of and incorporated in, the Contract between me/us and the Company, and shall be promissory.

I/We further agree to accept insurance on the terms and conditions set forth in the Company's Policy.

Date/Stamp: **Signature:**

No liability is undertaken until this Proposal has been accepted by the Company except to the extent of any Official Cover Note issued by the Company.



TRAVEL INSURANCE

This insurance provides indemnity up to limits specified against cancellation/curtailment of travel, loss or damage to the baggage and personal effects and due to accidental injury to insured persons as detailed below:-

- Section A - Loss of deposit. (Cancellation or curtailment) maximum sum insured MK 5 000-00.
To cover irrecoverable travel and accommodation on charges paid or liable to pay due to journey of Insured person being cancelled or curtailed due to unavoidable and necessary reasons.
- Section B - This section provides Personal Accident cover for persons in the age group 15 to 65 for compensation for the disablement suffered or medical expenses incurred subject to the limits Specified in the policy.
- Section C - Emergency Medical Expenses up to MK 50,000. The necessary medical expenses for hospital and Treatment if the insured person falls sick or suffers injury.
- Section D - This section provides indemnity up to the specified limits due to loss or damage to insured Person's Baggage and Personal effects during the journey.