



# TRAVEL ACCIDENT AND HOSPITALISATION INSURANCE

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## APPLICATION FORM

Name of Application: (Mr. / Mrs. / Miss) \_\_\_\_\_

Name of Person to be insured : \_\_\_\_\_

Occupation : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Phone No. (Off.) \_\_\_\_\_ (Res.) \_\_\_\_\_ NIC No. \_\_\_\_\_

Nominee in case of death of insured: \_\_\_\_\_

Name of Nominee : \_\_\_\_\_

Address : \_\_\_\_\_

Relationship : \_\_\_\_\_

Are you presently in Good Health? \_\_\_\_\_

Any History of pre-existing ailment :    Yes.                      No.

IF ANSWER IS YES. Please give details : \_\_\_\_\_  
\_\_\_\_\_

### Coverage

Accident Sum Insured                      Rs. \_\_\_\_\_

Medical Coverage Amount                Rs. \_\_\_\_\_

(Limited to 10% of the Accident Sum Insured)

Period of Cover : \_\_\_\_\_ days.

Beginning From :                            at :

Premium Enclosed                        Rs. \_\_\_\_\_ (Cash / Cheque)



What is the purpose of your trip ? Please tick

Business

Pleasure

Destination \_\_\_\_\_

Ticket No. \_\_\_\_\_

To the best of my knowledge and belief I am now in good health and free from physical impairment or deformity.

Claim if any will be considered upon presentation in Pakistan, payment will be in Pakistan Rupee.

Date : \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Place : \_\_\_\_\_ Signature of Person \_\_\_\_\_  
to be Insured

Note:

- 1) The completion and submission of this form does not bind the Company to accept the risk.
- 2) Premium must accompany the application.