



# UNITED GENERAL INSURANCE COMPANY LTD

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## **TRAVEL INSURANCE PROPOSAL FORM**

(Please give a definite answer to each question. Ticks are sufficient only where a box is provided)

1. Full name of proposer : .....
2. Address : .....  
.....
3. Occupation : .....
4. Nature of Business/Trade: .....
5. Period of journey  
 (a) Travel to commence on.....  
 (b) Expected date of return.....  
 (c) Countries to be visited.....  
 Is the travel for business or pleasure? .....
6. Period of insurance: From: .....To .....

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

### 7. 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).

8.(a) Does any person named in (7) 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 (7)?  Yes  No

If yes, please furnish details.....

9. 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.....

**Declaration**

I/We declare that to the best of my/our knowledge and belief the answers given above are true and material. I/We agree that this proposal shall form the basis of the insurance policy and shall form part of the contract.

I/We agree that if any answer is written by any other person, such person shall be regarded as my/our Agent and not the Agent of the Company.

Date: .....Signature of Proposer: .....

Name in capital letters: .....

The insurance will not commence until the acceptance of the proposal is conveyed in writing by the Insurance Company which reserves the right to reject any proposal.

**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 MK5 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 70 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 MK1 000-00. 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.