

Travel Insurance – Client Travel Details

SECTION 1: IDENTIFICATION INFORMATION					
Full Name:					
(As it appears on identification document provided)					
Business/Occupation:					
(Please provide a brief description of your occupation, business or principal activity)					
Identification Document & No.: Passport: ☐ No. Other: ☐ No.					
(Please select one & attach copy)					
Date of Birth:		Current Residential Address:			
Cell phone No.		Tel No.		Email:	
(Alternative line)					
Mailing Address: P.O. Box:		Town:		Post Code: Country:	
Producer:		Tel No.		Consultant:	
Please give details of your doctor/hospital:					
Name:			Address:		
Tel No.			Email:		
SECTION 2: BENEFICIARIES (If under 18 years, details of guardian)					
Please provide details of your beneficiaries.					
1.	Name (At it appears on identification document)	ID/Passport No. (Attach copy)	Relation	Telephone number	Current Address
2.					
3.					
4.					
5.					
SECTION 3: TECHNICAL INFORMATION					
Destination of Travel: From:			To:		
Dates of Travel: From:			To:		

Passport Copy

Kindly attach a copy of the passport bio data page

Privacy Statement: By completing this form you will have provided your personal information that identifies to you or other individuals (such as your dependents). We will only use this information for lawful business purposes and are committed to protecting the integrity, confidentiality, access and use of the personal data that we collect now and in the course of our business. You have the right to access and correct personal data that maybe incomplete or incorrect.

Please Tick as Appropriate

☐

I authorise this

☐

I DONT authorise this

Comments:

Authorised Person:

Signature: