



"A Symbol of Trust, Security and Progress"

# Tausi Assurance Company Limited

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## OVERSEAS TRAVEL INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

### PARTICULARS OF PROPOSER

#### 1. Name of Person to be insured (in full):

Name:

Date of Birth:

#### Name of Travelling Dependants:

Name:

Date of Birth:

Name:

Date of Birth:

1.1 Occupation

#### 2. Contact Details (including your permanent address and telephone number):

#### 3. Your Passport Number and the Passport Numbers of all travelling dependants:

#### 4. Details of Journey [Place]:

From:

To:

#### 4.1 Purpose of Journey (Please tick as appropriate):

☐

Holiday/Leisure

☐

Conference/Seminar

☐

Exhibitions/Trade Fair

☐

Study

☐

Training

☐

Business

☐

Others (Please advise)

#### 5. Duration of trip:

From:

To:

#### 6. Contact person in case of an emergency (including their address and telephone number):

a) Local

b) Country of Visit

7. Details of any condition for which you and/or any of your travelling dependants have previously taken medication, had treatment or sought medical advice for in the last two years:

7.1 Name, Address and Telephone Number of your and all travelling dependants regular Doctor. If you do not have a regular doctor please provide the contact details of the last doctor you saw:

8. Have you or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline or impose special conditions in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years?

☐

YES

☐

NO

If yes please provide details

**9. MEDICAL HISTORY:**

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them. This applies even if medical advice has not been sought.

**Declaration**

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

**The liability of the company does not commence until the proposal has been accepted and the first premium paid.**

Executed at this day of 20

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

**AGENT/BROKER NAME / STAMP**

**SIGNATURE**

**DATE**