



TRAVEL INSURANCE APPLICATION FORM

Return to:

Agency:

Fax:

Note: This application form must be used in conjunction with a product brochure to determine the product and plan you require. PS: Purchase your travel insurance before departure. Medical insurance is of paramount importance, please choose the correct cover. If in doubt obtain advice from us about which cover is best suited to your needs.

How did you get to know about us?

 Print Adverts
 Referral
 Word of Mouth
 Exhibition
 Radio
 Facebook
 Other? Specify

SECTION I: COVER DETAILS

Request by:

Mobile No.:

Email address:

Insured persons:

Name	Initials	Title	Date of Birth	Tel / Mobile	Email
			dd/mm/yyyy		
			dd/mm/yyyy		
			dd/mm/yyyy		

SECTION II: ITINERARY

Departure Date	Return Date	No. of Travel Days	Destination Continent
dd/mm/yyyy	dd/mm/yyyy		
dd/mm/yyyy	dd/mm/yyyy		
dd/mm/yyyy	dd/mm/yyyy		

SECTION III: DESIRED PRODUCT SELECTION

	Product	Plan	Luggage Option
1			
2			
3			

SECTION IV: PAYMENT OPTIONS

I _____ (name) hereby authorise Cell Insurance Company (Private) Ltd to deduct the outstanding amount from my credit card.

Card Number	Bank	Expiry Date	Security Code

 I will make payment arrangement with the issuing agent

DECLARATION

- I/we are not aware of any circumstances likely to lead to the cancellation of the journey. Nor have I/we withheld any information likely to affect the acceptance of this insurance and I/we will notify the Cell Insurance Company of any change in circumstances of health occurring prior to departure.
- I/we declare that all persons are in a good state of health and fit to travel
- I/we accept the limits of liability chosen
- I consent that all personal information collected shall be used in the provision of short-term insurance premiums, determination, and claims-related services. If premiums are not paid in advance before cover commencement or renewal, the policy will be considered inactive or not in force.

Member Signature:

SIGN HERE

Date:

dd/mm/yyyy

