



TRAVEL PROTECTOR

Don't leave home without our Travel Protector.

This Insurance provides you and/or your family cover against personal accident, medical and related expenses and other travel related losses, interruption or accidents.

With this, it will give you peace of mind during your journey so you will be able to enjoy your holiday without any worries.

NATIONAL INSURANCE COMPANY BERHAD

PROPOSAL FORM

IMPORTANT You must disclose all facts, which could affect the acceptance of your insurance, otherwise the policy may be declared void.

TITLE _____ NAME _____	
UC NUMBER _____	DATE OF BIRTH _____ GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female RACE _____
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow	OCCUPATION _____
RELIGION _____	NATIONALITY _____
ADDRESS _____	CONTACT NUMBER _____ Home _____ Office _____ Mobile _____ Others _____
MAILING ADDRESS _____	CONTACT PERSON _____ FAX _____ EMAIL _____

YOUR CHOICE OF COVERAGE (please tick)

<input type="checkbox"/> Single Journey Plan	Destination: <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide	<input type="checkbox"/> Annual Cover Plan (excluding Family Plan)
PERIOD OF INSURANCE From _____ to _____	PERIOD OF INSURANCE From _____ to _____	

YOUR TYPE OF PLAN (please tick) Silver Gold Platinum Family

LIFE INSURED	GENDER	DATE OF BIRTH	NRIC/PASSPORT NO	RELATIONSHIP TO PROPOSER
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

DECLARATION I/We hereby declare that I am/we are in good health and am/are aware of and agree to abide by the Policy's terms & conditions. I/We also understand the issuance of the policy is based on all statements and answers set out in this Proposal Form which are complete and true.

WARRANTY I/We warrant that the Person(s) insured are not travelling against the advice of a Physician or for the purpose of seeking medical attention or treatment and are in good health.

Signature of proposer and date _____

FOR OFFICIAL USE		
CARD NUMBER: _____	POLICY NUMBER: _____	AGENT: _____