

TRAVEL MATE Proposal Form



POLICYHOLDER	:		
ADDRESS	:		
PERSON IN CHARGE (IF ANY)	:		
CONTACTS	:	Tel	
		Email	

<input type="checkbox"/> PER TRIP PLAN (MAX 180 DAYS PER TRIP)	<input type="checkbox"/> ANNUAL PLAN (MAX 90 DAYS PER TRIP)
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INSURANCE PERIOD (dd/mm/yyyy)	:			days
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TRAVEL ZONE <input checked="" type="checkbox"/> Please tick	<input type="checkbox"/> ASEAN (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand)	<input type="checkbox"/> ASIA (ASEAN, Japan, Australia, China, Hong Kong, India, South Korea, Macau, New Zealand, Taiwan)	<input type="checkbox"/> WORLDWIDE (All countries except Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria)
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TRAVEL VOYAGE	:	From:	To:
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SELECTED PLAN <input checked="" type="checkbox"/> Please tick	<input type="checkbox"/> INDIVIDUAL PLAN	<input type="checkbox"/> FAMILY PLAN
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SELECTED OPTION <input checked="" type="checkbox"/> Please tick	<input type="checkbox"/> PREMIER	<input type="checkbox"/> DELUXE	<input type="checkbox"/> SUPERIER
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Details of Insureds

No.	Full Name	Gender	Date of Birth	Passport No.	Selected Option	Premium	Flight Number (Must if group of Insureds on the same flight is greater than: - 45 insureds on Premier - 54 insured persons on Deluxe - 65 Insured person on Superior)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

TOTAL PREMIUM	VND 0
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WARRANTIES & REPRESENTATIONS OF THE PROPOSER DURING THE PROCESS OF SIGNING INSURANCE CONTRACT

The Proposer has declared, committed and warranted the following points:

- I/we shall not travel contrary to the advice of a Medical Practitioner or for the purpose of obtaining oversea medical treatment.
- I/we are currently in good health and free from all physical impairment and/or deformity and fully understand that any kind of pre-existing medical conditions is not covered by this Policy.
- To be eligible for this Policy, I/we must (i) be the persons from 6 weeks to 75 years old; and (ii) purchase the Policy and pay fully the Premiums as notified by TMIV.
- I/we consent to TMIV seeking medical information from any registered doctor, clinic, hospital who at any time has attended on the life to be insured or from any past or present employer concerning my/our current or past medical history.
- All information, answers, confirmations, or details provided hereof are accurate, true and complete.
- The provided information shall be the basis for the Insurer's consideration and acceptance of insurance; and in case any provided information is not accurate or fraudulent, the Insurer reverses the right not to indemnify any requested claim and/or the Company has the right to unilaterally terminate the performance of the Policy or cancel the Policy.
- I consent to that the Insurer shall send the insurance policies, related documents or service communications to the email address that I have registered.

8. I/We consent to the Insurer seeking medical information from any registered doctor, medical facility regarding my/ our current or past medical history.

9. I/We have been explained by the Insurer and/or its representatives, agents, and provided all relevant documents and fully understood the insurance benefits, conditions, exclusions, rights and obligations in the process of entering into this Policy and have free will to conclude the Policy without any coercion.

10. I/ We have read and understood fully our Personal Data Protection & Processing Policy Statement posted on the website: <https://tokiomarine.com.vn/en/personal-data-protection-and-processing-policy-statement.html> and hereby consent to the Company and its related data processors to perform the processing of personal data of data subjects, and to obtain valid authorization and/or consent by data subjects regarding the provided personal data

Signature of Proposer

For any query, please contact us

TOKIO MARINE INSURANCE VIETNAM COMPANY LIMITED

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