

PROPOSAL FORM – BORNEO COVID-19 TRAVEL-By Land/Sea only

IMPORTANT: STATEMENT PURSUANT TO SECTION 37(4) OF THE INSURANCE ORDER 2006

You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know otherwise the policy issued hereunder may be invalidated.

TITLE: _____ NAME: _____

PASSPORT NUMBER: _____ DATE OF BIRTH: _____

ADDRESS: _____

CONTACT NUMBER - MOBILE: _____ EMAIL: _____

CONTACT PERSON: _____ CONTACT NO.: _____

Coverage Limit:

Section 1: 24 Hours Personal Accident	Up to B\$20,000.00 per Insured person.
Section 2: Hospitalization including due to Covid-19 infection	Up to B\$20,000.00 per Insured person.
Section 3: Repatriation Expenses	Up to B\$7,500.00 per Insured person.

Premium:	Adult (up to 80 years old)	Child <12 years old.
First 5 days:	B\$5.00	B\$4.00
Subsequent days:	B\$1.00	B\$0.50
1 year plan:	B\$80.00	B\$40.00

Your choice of coverage (please tick) : Single Annual

Period of insurance: From _____ to _____

Life Insured:

Full name as printed in passport	Date of birth	NRIC/Passport No	Relationship to proposer

DECLARATION: I hereby declare that I am in good health and am aware of and agree to abide by the Policy's terms & conditions. I also understand that 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 warrant that I am not travelling against the advice of a Physician or for the purpose of seeking medical attention or treatment and I am in good health. I understand that no refund premium will be granted once the travel insurance is issued.

Signature of proposer _____

Date _____