

PERSONAL ACCIDENT (INDIVIDUAL) PROPOSAL FORM

Name _____

CPR No. _____

Postal Address _____

Telephone No. Residence _____ Office _____ Mobile _____ Fax _____

Date of Birth _____

Sex Male
 Female

Nationality _____

Occupation _____

- Do you have any physical defect, infirmity, abnormality Yes No
or medical condition? If yes, please give details.

- Do you have any other Accident or medical policy? Yes No
If so, please list name of insurer, amounts and dates.

- Additional Cover

Do you wish to add on the following additional cover: Yes No

Permanent partial disablement

I/We hereby declare that the particulars stated above are true, and I/We agree that this declaration and the answers given above shall be basis of the contract between me/us and the Crescent Global Insurance Services WLL. I agree that for all intents and purposes this proposal forms part and is subject to the terms, conditions, exceptions of travel insurance policy of the company which I have seen, understood, noted and hereby accepted.

Date: _____

Signature: _____

Faxback now on: 17 71 71 66