



Dhivehi Insurance Company Pvt. Ltd.
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FOR OFFICE USE ONLY

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

Proposal Form Travel Insurance

A. PARTICULARS OF PROPOSER

Name as in Passport:		Nationality:
Passport No.:		Passport issuing country:
Date of Birth (dd/mm/yy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Proposer's correspondence address (in Block Letters):		
		Postcode:
Email:	Phone No. (Mobile) :	Phone No. (Fax):
Contact Person & Designation:		Phone No.:

B. PARTICULARS OF PROPOSAL

Period of Insurance (dd/mm/yy): From:		To:
Destination:	Visa Requirements :	
Travel Insurance Plans		
<input type="checkbox"/> Plan A (Worldwide excluding USA & Canada)	OR	<input type="checkbox"/> Plan B (Worldwide)
<input type="checkbox"/> Medical Policy	OR	<input type="checkbox"/> Package Policy
Are you in sound physical and mental health to undertake this journey?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO

C. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer: _____ Date: _____

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.