

Allianz Travel Insurance Proposal



Name of Insured: _____ HKID No.: _____

Address: _____

Tel No: _____ Mobile: _____

Occupation: _____

Plan Selected:

Single Trip Policy
Maximum 180 days per trip

Annual Policy
Maximum 90 days per trip.
No limitation on the number of trips each year

Plan 1 Plan 2

Plan 1 Plan 2

Period of Insurance: From _____ To _____ (____ days)
(dd/mm/yyyy) (dd/mm/yyyy)

Insured Person(s):

	Surname	Given Name	Age	Relationship	Premium (HK\$)
1.	Insured (as above)			Self	
2.					
3.					
4.					
5.					

Total _____

Declaration:

I/We warrant that to the best of my/our knowledge and belief no insured person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that I/we understand that treatment of any pre-existing, existing, recurring or congenital medical conditions is not insured. The insured person further warrants that I am/we are not aware of any condition, cause or circumstance that may necessitate the cancellation or curtailment of the journey as planned.

I/We understand that all the personal information collected by Allianz Insurance (Hong Kong) Limited is for the purpose of underwriting, claims investigation or statistical research or being transferred to such person(s) or organization(s) for the purpose of data verification or reinsurance.

I/We have the right to obtain access to and to request correction of my/our information.

Date : _____

Proposer's Signature : _____

Please complete the proposal form together with the premium payment (by cheque only) and return to Allianz Insurance (Hong Kong) Limited. If you have any queries regarding this proposal, please contact us on (852)2521 6651.