PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

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TRAVEL POLICY APPLICATION FORM

I. CLIENT DETAILS

Name

First Name | Middle Name | Surname

Residential Address

Area

Street/Road | LR/Plot No.

P.O. Box | Code

Town/City

Email | ID / Passport

Mobile No. (Main) | Mobile No. (Alternative)

Date of Birth (DD/MM/YYYY) | Place:

Citizenship:

List any chronic illnesses

Are you politically exposed? ☐ Yes ☐ No

II. TRIP DETAILS

Departure Date (DD/MM/YYYY) | Return Date (DD/MM/YYYY)

Destination | Travel Company

Residential Address

Area

Street/Road | LR/Plot No.

Postal Code | Town/City

State | Country

Phone to destination | Other Destinations

Trip type

III. TYPE OF COVER REQUIRED*

1	AFRICA (AF)	10,000 EUR Deductible 50	MEDICAL EXPENSES & HOSPITALIZATION ABROAD	
2	SCHENGEN (SC)	30,000 EUR Deductible 50	MEDICAL EXPENSES & HOSPITALIZATION ABROAD	
3	WORLDWIDE (R)	100,000 EUR Deductible 50	MEDICAL EXPENSES & HOSPITALIZATION ABROAD	
4	WORLDWIDE+ (WR+)	100,000 EUR Deductible 50	MEDICAL EXPENSES & HOSPITALIZATION ABROAD	

*Please check Terms and Conditions for more details.

IV. SIGNATURES

By signing this Travel Insurance Application Form, the proposer certifies that the trip type, initial trip deposit date, travel dates, destination and ages of the Insured's listed on this application are true and correct, and understand that failure to provide correct information may affect his/her coverage.

DECLARATION

I/We declare that to my/our knowledge that the answers and particulars given in this Proposal Form are true and complete and that I/we have not withheld any material information. I/We have also read and understood that this Proposal Form and Declaration shall be the basis of the Contract between me/us and PACIS Insurance Company Limited.

DATA PRIVACY

I/ We willingly provide my/ our personal information in this Proposal Form and consent its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website ***www.pacisinsurance.com****) and in accordance with Data Protection Act, 2019.*

First Name Middle Name Surname

Date (DD/MM/YYYY) Proposer's Signature

MAPFRE | ASSISTANCE