

TRAVEL QUESTIONNAIRE

Name of the life assured

Proposal number /Application number

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1. What is the main reason for travelling or residing overseas?

2. Country of permanent residence : _____

3. Your nationality : _____

4. Please provide details of travel that you have taken over the last 24 months

Countries	Reason /Purpose of visit	Frequency of visit	Duration of Stay	Visa Type

5. Please provide details of tentative travel plans for the next 12 months

Countries	Reason /Purpose of visit	Frequency of visit	Duration of Stay	Visa Type

6. If you are planning to reside in any country for longer than 21 days, please provide the following details:

Countries	Duration of Stay	Residence type (house, apartment, hotel, temporary shelter)	Address of residence	Medical Facilities available – yes /No

7. If you travel for business purpose, please provide following details:

Name of Business	Nature of Business	Roles and Responsibilities	Mode of travel in visiting country – public/private/other

8. Any other information related to travel to other countries:

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name of applicant: _____ Signature of applicant: _____ Date: _____