



## TRAVEL INSURANCE PROPOSAL FORM

AAR INSURANCE KENYA LIMITED  
 GEORGE WILLIAMSON HOUSE, 4TH NGONG, 2ND FLOOR,  
 P.O. BOX 41766-00100, TEL: 020 - 2895000/2715319  
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MPESA PAYBILL NO. 333200

I/ We the undersigned wish to apply for travel insurance and provide the following details which we understand shall form part and the parcel of the contract between me/ ourselves and the Company.

*List of persons for whom this insurance is being proposed (Limited to family members) .For persons who are not members of one family, each person to complete a separate proposal form.*

Name of the insured person	M	F	Age	Relationship	Passport No	No of Days

Postal address \_\_\_\_\_ code \_\_\_\_\_ town \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_ Purpose for travel \_\_\_\_\_

Please answer the following questions

1.Has any person for whom this insurance is being proposed suffered any accident(s) previously? Yes  No

If yes please give details including the extent of injury \_\_\_\_\_

2.Does any person for whom this insurance is being proposed suffer from any physical defect? Yes  No

If yes please give details \_\_\_\_\_

3.Does any of the persons for whom this insurance is being proposed suffer from any chronic/ recurring illness? Yes  No

If yes please give details \_\_\_\_\_

4.Does any of the persons for whom this insurance is being proposed suffer from any other medical condition? Yes  No

If yes please give details \_\_\_\_\_

Travel Destination \_\_\_\_\_ Commencement Date \_\_\_\_\_ Return Date \_\_\_\_\_

Selected plan: Please tick appropriately. Gold  Silver  Bronze

Mode of travel \_\_\_\_\_ Usual Country of residence \_\_\_\_\_

### ***Beneficiary details in case of death***

Name of the insured person	Name & address of beneficiary	ID no.	Relationship	Mobile No.	Proportion
1.					
2.					
3.					

**Note:** The proportion above in percentage should total 100%. If the beneficiary is a minor, indicate details of the guardian.

### ***Please give us details of your usual family doctor/Hospital***

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Postal Address \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

Agent/Broker \_\_\_\_\_ Mobile Number \_\_\_\_\_

### **DECLARATION**

1. I/we hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in the application suffer been diagnosed with and does not suffer from any medical condition for which medical treatment may required. I am/We are aware that this is not a general health insurance policy and that pre-existing medical conditions are not covered.
2. I/We have been made aware of certain restrictions to do with the cover do apply as per the terms, conditions and exclusions which are fully described in the policy wording.
3. I/We accept the levels of cover chosen and have read the cover involved as described in the summary of cover and the policy document.
4. I/We agree that the company shall have the right to access my/our medical records prior to the journey in order to proceed with assessment of a claim and/or render medical assistance.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_