

## 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?

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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:

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### 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: \_\_\_\_\_