FEDERAL INSURANCE TIMOR S.A

TRAVEL INSURANCE PROPOSAL FORM

Agent: Policy Number: | | | | | | | | | | | |

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Insurance Timor (FIT) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FIT to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FIT.

If additional space is required, please note details together with section reference on a separate sheet and attached

APPLICATION

Insured Person

Full Name _____ Date of Birth ____/____/_____

Address _____

Postal Address (if different) _____

Phone _____ Mobile _____ Email _____

Start Date ____/____/_____ Expiry Date ____/____/_____

Next of Kin and their Contact Details _____

DETAILS OF TRAVELERS TO BE INSURED

Name	**Age**	**Name**	**Age**
_____	_____	_____	_____
_____	_____	_____	_____

Note that travelers must be under 66 when commencing the journey.
There is no cover under this policy for pre-existing medical conditions.

POLICY OPTIONS – PLEASE TICK

☐ Single Trip (Covers one trip for the above period only)

☐ Annual Cover (Maximum of 30 days travel)

TRAVEL DETAILS

Destination(s) _____ _____ _____ _____

No of travel days _____ _____ _____ _____

SPECIFIED ITEMS

Do you, or anyone travelling under this policy, require cover for any item or set of items of luggage (including laptops) that have a market value of more than $500? If so, please list below

Description *Value*

_____ $_____

_____ $_____

_____ $_____

MAXIMUM AMOUNTS COVERED

Section 1	Loss of deposits, cancellation or curtailment	$1,000 individual/$2,500 family
Section 2	Medical and related expenses	$10,000 individual/$25,000 family
Section 3	Personal Accident	$25,000 death total, $5,000 permanent disability total
Section 4	Luggage, money and credit cards	$2,500 luggage total, $500 money and credit cards total
Section 5	Personal liability	$25,000 total

DECLARATION

If the following statements are correct, answer "Yes". If not correct, answer "No".

	Yes	No
1. I/we have never had any insurance application, any insurance policy, or any claim declined by any insurance company because of incorrect information supplied to the insurance company or because a fraudulent claim was lodged.	☐	☐
2. I/we know of no reason why I/we would not be able to complete the planned travel.	☐	☐
3. I/we have told the insurer everything which is likely to affect their decision to accept this insurance.	☐	☐
4. All persons on whom this travel depends on are in good health (e.g. members of the travelling party, parents, siblings, etc.)	☐	☐
5. I/we will seek free or reduced cost health treatment where it is available (e.g. reciprocal health agreements in place with other countries)	☐	☐
6. I/we understand that:		
a. The insurer is collecting this information to evaluate my/our insurance and that failure to provide any required information may result in the insurer refusing to provide this insurance.	☐	☐
b. I/we are obliged to disclose to the insurer any information that may be material to the consideration of this insurance.		
7. I/we understand that in the event of a claim, the FIT travel claim form will be fully completed and submitted to FIT upon returning to Timor Leste. There is no overseas assistance provided by FIT.	☐	☐

This information will be held by Federal Insurance Timor S.A.

Name of person providing the above information Signature Date

_____ _____ ____/____/_____

Premium calculation:

For Single Trip Cover $12.50 per day per person

For Annual Cover $275 per person