

TRAVEL INSURANCE PROPOSAL FORM

1. PROPOSER'S DETAILS

Full Name: _____ Passport No.: _____
KRA PIN: _____ Date of Birth: _____
Nationality: _____ Phone: _____
Email: _____

2. TRAVEL DETAILS

Destination(s): _____
Purpose: ☐ Business ☐ Leisure ☐ Other: _____
Date of Departure: _____ Date of Return: _____
No. of Days: _____

3. COVERAGE DETAILS

Type of Cover: ☐ Single Trip ☐ Annual Multi-Trip

Plan Selected:

- ☐ Worldwide Extra ☐ Worldwide Plus ☐ Worldwide Basic
☐ Europe/Schengen ☐ Africa & Asia
☐ Inbound Travel ☐ Domestic ☐ Students Classic
☐ Students Premium ☐ Pilgrimage Basic ☐ Pilgrimage Plus ☐ Pilgrimage Extra

4. MEDICAL INFORMATION

Any pre-existing medical conditions? ☐ Yes ☐ No If yes, specify: _____
Currently under treatment/medication? ☐ Yes ☐ No

5. BENEFICIARY DETAILS

Name: _____ Relationship: _____
Contact: _____

DECLARATION BY PARENT/GUARDIAN

"I hereby declare that the information given above is true and complete to the best of my knowledge, nor have I withheld any information likely to affect the acceptance of this insurance. I understand that any misrepresentation may lead to cancellation of the policy or denial of claims. I further acknowledge and accept that pre-existing medical conditions are excluded from cover under this policy. I accept the levels of cover chosen as well as all terms and conditions."

Signature: _____ Date: _____

CIC GENERAL INSURANCE LTD

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