



**PROPOSAL FORM
FOR
TRAVEL SINGLE TRIP**

Trans Pacific Assurance Limited
Level 3, Credit House
Cuthbertson Street
P O Box 170
PORT MORESBY 121, N C D
Papua New Guinea

Telephone: 321 6808
Facsimile: (675) 321 6528
Email: info@transpacific.com.pg
Website: www.transpacific.com.pg

TRANS PACIFIC ASSURANCE LTD

PROPOSAL FOR TRAVEL INSURANCE	POLICY No:
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IMPORTANT! YOUR DUTY OF DISCLOSURE. Before you enter into a contract with an insurer, you have a duty under the Insurance Contracts Act to disclose to the insurer every matter that you know or could reasonably be expected to know, is relevant to the Insurer’s decision to accept the risk of the insurance and if so on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. You are to give us notice in writing as soon as possible of every change materially varying any of the facts or circumstances existing at the commencement of insurance. Your duty however does not require disclosure of any matter that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that your insurer knows or, in the ordinary course of his/her business, ought to know, as to which compliance with your duty is waived by the insurer.

NON-DISCLOSURE. If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

THE PROPOSED INSURED
1.Name of proposed insured:
Date of Birth.....
2.Name of partner if they are to be insured:
Date of Birth.....
3.Children under the age of 16 years old:
a)..... Date of Birth.....
b) Date of Birth.....
c) Date of Birth.....
4.AddressPostcode
5.Telephone No:.....Email address.....

Journey date:

From: _____ at 4.00pm

To (both dates inclusive): _____ at 4.00pm

The countries you will visit:

1.....

2.....

3.....

4.....

Description

Cover Required

Overseas Medical Yes No

Emergency Dental Yes No

Additional Expenses Yes No

Amendment or Cancellation Yes No

Luggage and Personal Effects

- Electronic items Yes No

- Sporting Equipment Yes No

Travel Documents Yes No

Delayed Luggage Allowance Yes No

Money Yes No

Travel Delay Yes No

Loss of Income

Disability 17,500 20,000 25,000 35,000

Accidental Death 17,500 20,000 25,000 30,000

Personal Liability 500,000 750,000 750,000

1,000,000

****An excess of PGK250 is payable on each and every claim made under the policy**

DECLARATION

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

Signature: Date:

Name & Designation.....