

➤ 8 - Declaration

1. I, the undersigned, do hereby declare and warrant that all the information given in the proposal whether in my handwriting or not, is true and complete.
2. I agree that the statements in this proposal shall be the basis of the proposed contract, that any misstatement or omission therein may lead to any contract made being declared void and that in such event all moneys paid in respect thereof shall be forfeited.
3. I, hereby authorise and request any doctor, other person or institution who may be in possession of, or later acquire, any information concerning my health, and that of my family, to disclose it to CIM INSURANCE LIMITED.
4. I agree that cover will commence when the full premium is paid and CIM INSURANCE LIMITED have conveyed acceptance of the risk to the Proposer or agent as the case may be.

AGE LIMIT FOR ACCEPTANCE OF NEW ENTRANTS:  
50 YEARS (NOT APPLICABLE FOR GROUP SCHEME)

RENEWAL PREMIUM MAY BE SUBJECT TO A LOADING IN CASE OF POOR LOSS RATIO

Date : ..... Signature of Proposer : .....

No return premium is due in case of cancellation of policy when a claim has been paid during the policy period. For payment effected by way of Standing Order, the outstanding balance for the unexpired period is due to the Company.

This insurance cover has been proposed to me/us by .....

Signature of Authorised representative of agency (if applicable)

[Large empty box for additional notes or declarations]

# Proposal Form

## Health Insurance - Worldwide

(excl. USA & Canada)



➤ 1 - Proposer

Surname :		Maiden Name :	
First Names :			
Title : Mr/Mrs/Ms/Dr Other:		Marital Status :	
Address :			
Email Address :			
Tel No Res :		Off :	Mob :
Date of Birth :		National Identity Card :	
Occupation :			
Proposal : Single / Joint :		Place of Birth :	
Sex :		Height :	Weight :

➤ 2 - Family Particulars (Please complete this section if you wish to cover your spouse an/or dependent children)

(i) Surname of spouse :			
First Name (s) :			
Occupation :	Date of Birth :	Height :	Weight :
<b>Dependent Children</b>	Sex :	Date of Birth :	
(ii) Name :			
(iii) Name :			
(iv) Name :			
(v) Name :			

➤ 3 - Benefit (Please indicate the alternative chosen)

in respect of	PART 1	PART 2	TOTAL PREMIUM
A			
B (i)			
B (ii)			
B (iii)			
B (iv)			
B (v)			

Date of commencement

Payable  cash  
 cheque  
 via-Agency  
 standing order

