



ORIENTAL
ASSURANCE
CORPORATION



WORLDWIDE TRAVEL INSURANCE PLANS APPLICATION FORM

NAME OF APPLICANT/INSURED: _____
Last Name First Name Middle Name

Address: _____

Date of Birth: _____ Age: _____ Place of Birth: _____
mm/dd/yr

Phone No. _____ Mobile No. _____

Passport No. _____ Date Issued: _____ Place: _____

Beneficiary: _____ Relationship _____

TRAVEL DETAILS:

ITINERARY: _____ REGION COVERED: _____

COVER TO COMMENCE FROM _____ TO _____ NO. OF DAYS: _____

Coverage/Plan Selected: **Promo** **Classic** **Deluxe** **Europe**
 Premier **GOLD** **PLATINUM** **SUPER TIPID**
PREMIUM AMOUNT **PHP**

THE INSURED hereby confirms that the above statements are true and complete. Please sign on the space provided below to signify conforme of the terms and conditions of WORLDWIDE TRAVEL INSURANCE PLANS

| | | |
|-------------------------------|-------------|---|
| | | |
| SIGNATURE OF APPLICANT | DATE | BDOI – Contact Person and Reference Number |

CONDITIONS OF INSURANCE:

This application form shall be the basis of the Certificate of Cover to be issued by the Company and will form part of the policy contract. Any material misrepresentation made therein shall render the policy null and void. Please refer to the summary of terms and conditions of the Company. All coverages are subject to the exclusions and conditions of the actual policy.

PLEASE FAX TO: 637-5301 (c/o MS. CHAT DRIZ)