

Fig Tree Blue Application Form

Agent/ Broker Name and Stamp

IMPORTANT NOTES

- Under Article 20 of the Insurance Law of the Kingdom of Cambodia or any subsequent amendment thereof, you are to disclose in this Applicant form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy issued may be void.
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this form will be taken as an answer in the negative. You are advised to keep a record (including copies of letters) of all information you supplied herein.
- No liability is undertaken until our Company had accepted this Application.

1. PARTICULAR OF PROPOSER

Name of Policyholder/ Employer:		Contact No.:	
		Marital Status of Policyholder:	
NRIC/Passport No.:		Usual Country of Residence:	
Correspondence Address of Policyholder/ Employer:	C/O		
	Tel No.:	E-mail Add:	

2. TYPE OF COVER

- a) Standard Plan** **Annual Maximum: US\$100,000 per person per year**
- b) Super Plan** **Annual Maximum: US\$250,000 per person per year**
- c) Outpatient Option**
 (applicable to Super Plan only)

3. PARTICULARS OF APPLICANT(S) TO BE INSURED INCLUDING PROPOSER (Employees' names in respect of Group Scheme)

INSURANCE TO COMMENCE: ___/___/___ (DD/MM/YY)

Name	Relationship to Proposer	Nationality	Sex	Date of Birth	NRIC/ Passport/	Occupation	Heights (m)	Weights (Kg)	Marital Status
1.									
2.									
3.									
4.									
5.									

Note: The Plan chosen for each Insured must be the same as the Applicant/ Policyholder.

4. PREMIUM PAYMENT

Tick which payment method You require and complete all details relevant to that method. All premiums must be paid annually.

Cash

Cheque Payment: All cheques must be payable to "Forte Insurance (Cambodia) Plc." Please ensure that the name of the Policyholder, (as declared in section 1 of this form), is clearly stated on the reverse of the cheque.

5. QUESTIONNAIRE (applicable to all applicants for insurance). Please answer a YES or NO to each of the following questions with a tick (✓) in the appropriate box.

- 5.1 Have You, or anyone included in this application, been admitted to Hospital or other similar establishment in the last five years? Yes No
- 5.2 Have, You, or anyone included in this application, been prescribed with a course of any drugs or medication, or Treatments for a period in excess of seven days in the last two years? Yes No
- 5.3 Have You, or anyone in this application, any known or foreseeable need to consult with a Medical Practitioner or any health care professional and/or required to be prescribed any drugs or medication and/or to be admitted to a Hospital or other similar establishment? Yes No
- 5.4 Are You, or anyone included in this application, suffering from any disability, abnormality, recurrent illness, major illness or injury, not already noted above? Yes No

- If the Insured answer 'YES' to any questions above, please provide full details. Please attach copies of medical reports if the Insured has any.
- Please use space below to provide any additional information, or a separate sheet of paper if there is insufficient space

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****PLEASE TAKE NOTE that PRE-EXISTING CONDITIONS ARE NOT COVERED UNDER THE POLICY unless declared and accepted by FORTE Insurance (Cambodia) Plc.**

6. DECLARATION:

I declare that all the information supplied above is true and correct and I hereby agree that this Application and the Declaration shall be held as promissory and shall be the basis of the Contract between me/ Policyholder and Forte Insurance (Cambodia) Plc. and I understand that any false, incorrect or misleading statements may render this application null and void.
I hereby agree that all the Applicants for insurance are in good health and free from any physical defects or infirmity (except as stated above). I further authorize any medical source, insurance office, organization or person to release any relevant information acquired in the course of my examination or treatment to Forte Insurance (Cambodia) Plc.

7. Signature of Applicant/ Guardian and Date of Declaration

SIGNATURE OF APPLICANT

SIGNATURE OF GUARDIAN

DATE OF DECLARATION

Agent/Broker Code Account Code:		For Office use:
Contact Number:		Contact Number:
E-mail Address:		Remarks: