

# Figtree Blue

## APPLICATION FORM

### 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. PARTICULARS OF PROPOSER

Name of Proposer/Employer:			
Correspondence Address:			
Telephone No:		Email:	

### 2. TYPE OF COVER

	<input type="checkbox"/> Standard Plan	<input type="checkbox"/> Super Plan
Annual Maximum:	US\$100,000 per person per year	US\$250,000 per person per year
		<input type="checkbox"/> Super + Outpatient
		Add US\$2,500 for outpatient (with 20% co-insurance)
Insurance to commence on:	___/___/___ (DD/MM/YYYY)	

### 3. PARTICULARS OF APPLICANT(S) TO BE INSURED INCLUDING PROPOSER

Please list employees' names in respect of Group Scheme:

Name	Relationship to Proposer	Nationality	Sex	Date of Birth	Passport	Occupation	Height (m)	Weight (kg)	Marital Status
1.									
2.									
3.									
4.									
5.									

Note: The chosen Plan for each Insured must be the same as the Proposer/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

All cheques must be made payable to "Forte Insurance (Cambodia) Plc."

Please ensure that Proposer's name as declared in section 1 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.

**\* PLEASE 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/Proposer 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

<b>FOR OFFICE USE ONLY</b>		Agent/Broker Code:	
Phone:		Email:	
Remarks:			