

**HOSPITAL & SURGICAL INSURANCE - PROPOSAL FORM**

**1. Insured**

Name : .....  
 Address : .....  
 Business : .....  
 Contact Person : ..... Tel No. : ..... Fax No. : .....

**2. Employee**

(1)- How many people do your company employ? .....  
 (2)- Is cover to be applied to all employees?  Yes  No  
 (3)- If No, please define the class of employees for whom is applied, e.g. Management, Executives, Administration,  
 Clerical staff and/or Workers, please state:.....

Age Nearest Birthday	No. Employee	Male	Female	Total No. Employee
0-17				
18-35				
36-45				
46-55				
56-60				
61-65				

**3. Scope of Cover (Please check)**

Plan A  Plan B  Plan C  Plan D  Plan E  
 Period from:...../...../..... to ...../...../.....

**4. Insurance History**

Is the Insured presently Insured  Yes  No  
 If Yes, please state the name: Yes, with .....  
 Has any Insurance company declined or refused to renew or cancelled your Insurance  Yes  No  
 If Yes, state the reason .....

**5. Claim Experience**

Have you had any claim (Hospitalization/Surgeon) during the past 3 years?  Yes  No  
 If Yes, Please state the claim and amount of loss.....  
 .....

**6. Area of Working**

Will the Insured stay / work outside Phnom Penh?  Yes  No  
 If Yes, please provide the details .....

**7. Declaration**

I/We declare that no material facts, that is, facts likely to influence the assessment and acceptance of this proposal have been withheld and to the best of my/our knowledge and belief the information furnished herein is true and complete.

I/We agree that failure to disclose any material fact known to me/us may invalidate the contract.

**IMPORTANT NOTICE:** Failure to supply true answers to this Proposal Form or inform the Company of all material information about your insurance proposal may render the insurance policy invalid.

Proposer's Signature \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Account Holder Statement** (Sale/Agency/ Broker)

.....  
.....  
.....  
.....

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Office Use Only**

Group Discount: ..... Terms and Conditions: .....

Remark: .....

.....  
.....

Recorded by: \_\_\_\_\_

Agreed by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CUSTOMER DETAILS**

Company / Organization Name: .....

Type of Business: .....

Address: .....

Phone: ..... Fax: ..... Email: .....

Contact Person: 1) ..... Tel: .....

2) ..... Tel: .....

3) ..... Tel: .....

Intermediary Name: ..... Account #: .....