



Starr International Insurance Philippines Branch

23F Tower 2, The Enterprise Center, Ayala Avenue corner Paseo de Roxas, Makati City, Philippines
www.starrcompanies.com

TRAVELEAD INSURANCE APPLICATION FOR OVERSEAS TRAVEL

APPLICANT DETAILS

NAME OF APPLICANT		_____	
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
RESIDENCE ADDRESS		PERMANENT ADDRESS	
Street _____		Street _____	
Province / City _____ Zip Code _____		Province / City _____ Zip Code _____	
RESIDENCE PHONE NO. _____		PLACE OF BIRTH _____	
DATE OF BIRTH (MM/DD/YYYY) _____		NATIONALITY _____	
TIN / SSS / GSIS No. _____		SOURCE OF FUNDS _____	
Person to Contact in Case of Emergency _____		OCCUPATION _____	
Relationship _____ Telephone No. _____		If Employed, Name of Employer _____	
		If Self-employed, Nature of Business _____	

SINGLE TRIP PLAN INFORMATION

Plan Type Essential Extra
 Policy Type Individual Family
 Period of Travel From _____ To _____
 No. of days _____ Destination _____

ANNUAL TRAVEL PLAN INFORMATION

Plan Type Essential Extra
 Policy Type Individual Family
 Policy Effective Date _____

INSURED PERSON INFORMATION

	Name	Relationship to Applicant	Passport No.	Date of Birth
First Insured Person				
Secondary Insured Person				

D E C L A R A T I O N S

- I/We declare to the best of my/our knowledge and belief that the information given is true in every respect.
- I/We agree that this application and declaration shall form the basis of the contract between me/us and Starr International Insurance Philippines Branch ("STARR"). I/We authorize STARR to obtain medical information from my/our medical practitioner(s) and I/we agree to supply additional information relevant to this insurance policy at my/our own expense.
- The insurance application will be in force after it has been accepted by STARR.
- I/We understand, acknowledge and agree that, upon payment of the premium due under my/our policy, STARR shall become liable to pay, during the continuance of the policy and/or in respect of any renewal of the policy, a commission to any authorized insurance broker responsible for arranging this policy.

APPLICANT

AGENT/PRODUCER

I am/We are in good health, free from physical impairment or deformity and I am/we are not traveling to receive medical treatment. I/We understand that the maximum period of coverage for any trip is 180 days. I/We understand fully that the maximum age is 70 years old.

I hereby certify that I have validated the identification document(s) provided by the applicant for the purpose of his application for insurance.

Kindly e-mail accomplished application form to travelinsurance.com.ph@gmail.com
For concerns, you may call (02) 8932285