



## SABAI PROPOSAL FORM

### SECTION A : Details of the Proposer.

Name (First / Middle Name) ..... Family.....  
ID.No.....Passport No.....  
Date of Birth (dd / mm / yy)...../...../..... Age.....  
Occupation.....  
Home Address in Thailand.....  
City.....Postcode.....  
Contact No. (House No.).....(Office No.).....  
(Mobile No.).....E-mail Address.....

### EMERGENCY CONTACT(S)

In case of emergency, please provide names of your doctor, clinic or hospital and any other person who can be contacted.

Name (doctor / clinic / hospital ).....Contact No. ....  
Name (emergency contact).....Contact No. ....

### SECTION B: Details of Beneficiary

Name (First / Middle Name)..... Family Name.....  
Relationship with the Policy holder.....

*Note : If you require more than one (1) beneficiary, please provide additional details on a separate piece of paper.*

### SECTION C: Travel Details / Choice of Plan

Type of Plan:  Annual  Single Trip (If you choose Single Trip, please complete section on Overseas Destinations)  
 Family  Individual

Insurance Plan Selection:

SABAI  SABAI PLUS  JAPAN  SILVER  GOLD  PLATINUM

Travel Details

Overseas Destination (s).....  
Date of Departure from Thailand...../...../..... (dd / mm / yy)  
Date of Return to Thailand / Arrival...../...../.....(dd / mm / yy)  
Total Number of Days Covered.....day (s)

*Note : This Policy will commence from the date of departure from Thailand provided above up to the date of return to Thailand.*

**Details of Family Member Please provide the information in case you choose family plan.**

#### Spouse

Name / Family Name .....  
Age ..... Passport No. ....  
Beneficiary Name / Family Name.....Relationship.....

#### Child 1

Name / Family Name .....  
Age ..... Passport No. ....  
Beneficiary Name / Family Name.....Relationship.....

#### Child 2

Name / Family Name .....  
Age ..... Passport No. ....  
Beneficiary Name / Family Name.....Relationship.....

### SECTION D: Declaration

Please read the declarations carefully and sign and date below

- I declare I reside in Thailand and am in good health and free from any physical defects or infirmities
- I also understand this insurance does not provide cover for any pre – existing medical conditions.
- The applicant allows the company to collect, use and renew the truth about the Applicant's medical records and other information to the Office of Insurance Commission (OIC) in order to regulate the insurance industry.

...../...../.....  
Proposer's Signature ..... Date (dd / mm / yy)

Agent  Broker  Direct..... License No.... B290000065.....

**WARNING :** Office of Insurance Commission (OIC.) The applicant should disclose all the facts you know.  
Any nondisclosure shall make the policy issued hereunder voidable. The company has the right to void the contract according the Civil Commercial Code Section 865.