

EMERGENCY HEALTH INSURANCE DECLARATION FORM

All the questions relating to the identity and health of the insurant shall be answered completely and accurately.

The insurance contract shall be invalid in the case any deficient or inaccurate information is provided.

INSURED DETAILS

Name :	Surname :	Sex :
Occupation :	Date of Birth :	Age :
ID/Passport Number :	Telephone :	Birth Place :
Email Address :	Mother's Name	Father's Name :
TRNC Address :		

INSURED HEALTH DECLARATION

Have you ever had a serious illness?

Have you ever had surgery, radiotherapy or chemotherapy?

Do you have any disabilities?

Are you now completely healthy?

Do you have any health issues to declare?

Do you take any regular medication, if yes please provide details.

POLICY TYPE AND INFORMATION

Policy Start Date :

Amount of Cover :

Total Premium : _____

Health Problems/Illnesses which started before the start date of this current policy and still continue are excluded (regardless of whether or not they were previously diagnosed/treated).

I hereby declare that the information I have provided is complete and accurate answers to the questions in this form and that I have read and accepted the conditions of the policy requested.

Agency Staff Member Details

Name and Surname :

Branch : Azant Insurance Agency

Agent Signature :

Date :

Insured Details

Name and Surname :

Insured Signature :

Date :