

Fill in the form below and return to a Toko Assurance office.
Please write clearly in capital letters and use black ink.

STATEMENT PURSUANT TO ARTICLE 20 OF THE INSURANCE LAW OF LAO P.D.R.
OR ANY SUBSEQUENT AMENDMENT THEREOF.

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH
YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY ISSUED HEREUNDER MAY BE VOID.

Particulars of Proposer

NAME	PASSPORT #
OCCUPATION	DATE OF BIRTH
ADDRESS	
HOME TEL. NO.	OFFICE TEL. NO.

Particulars of accompanying children travelling with Proposer

NAME	PASSPORT #	DATE OF BIRTH

Policy duration (number of days required)

COMMENCING (DAY/MONTH/YEAR)	RETURNING (DAY/MONTH/YEAR)
ITINERARY	

Cover level and Premium (please tick one option only)

SUPER PLAN:	<input type="checkbox"/>	PREMIUM: US\$
STANDARD PLAN:	<input type="checkbox"/>	PREMIUM: US\$

Declaration

I hereby declare that to the best of my knowledge there is no reason why the proposed travel should have to be altered or cancelled. I agree to accept the terms, exclusions and conditions as set out in the policy.

SIGNATURE OF
PROPOSER
(FOR AND ON BEHALF OF
PERSONS TO BE INSURED)

DATE
(DAY/MONTH/YEAR)

{Official use only} ACCT. NO:

CERT. NO:

NOTICE: The insurance you are applying for is in accordance with the policy wording set out in this brochure. YOU SHOULD EXAMINE THE WORDING OF THE POLICY DOCUMENT CAREFULLY BEFORE YOU COMPLETE YOUR APPLICATION TO ENSURE THE COVER MEETS YOUR NEEDS, AS YOU WILL BE BOUND BY THE TERMS, EXCLUSIONS AND CONDITIONS STATED WITHIN.