

PERSONAL ACCIDENT INSURANCE APPLICATION FORM

A. The Applicant's information

The Applicant			
Correspondent address			
Telephone		Fax No.	
Business license No.		Tax code	
Business field			

B. Insurance Coverage

Coverage	Type of insurance	Limit liability
(Or detailed in the attached list)	<input type="checkbox"/> Personal Accident million VND/person
	<input type="checkbox"/> Personal life million VND/person
	<input type="checkbox"/> Personal Accident Combined	
	<input type="checkbox"/> Coverage A: death arising from any causes million VND/person
	<input type="checkbox"/> Coverage B: disablement arising from accident million VND/person
	<input type="checkbox"/> Coverage C: illness, disease, and pregnancy giving rise to hospitalization or surgery million VND/person
Insured person	(Or detailed in the attached list)	
Insurance period	From:	To:

C. Mode of Payment

<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Cash at the Company	<input type="checkbox"/> Cash via Agent or Sales staff
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D. Language of the Policy

<input type="checkbox"/> English	<input type="checkbox"/> Vietnamese
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E. Declaration

(1) We hereby declare that the statements made by us in the Application Form are complete and true to the best of our knowledge and belief, and we hereby agree that this Application Form shall form the basis and be part of any Policy of Policies issued in connection with the above risk or risks.
 The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.

(2) According to Item a Clause 2 Article 19 of Law on Insurance Business: "An insurer shall have the right to suspend unilaterally the implementation of an insurance contract and to collect the insurance premium up until the time of suspension of implementation of the insurance contract, upon one of the following acts being committed by the purchases of insurance:
 a) Intentionally providing false information with the aim of entering into an insurance contract in order to be paid insurance proceeds indemnity;"

(3) The Insurance Policy is valid subject to the Insurer's agreement

Date (dd/mm/yyyy)

Signature of the Insured & Company Stamp

For Phu Hung only:

Application type: Renew New Channel:

Sellers' s name/ code: