

Corporate Group Travel Insurance Declaration

Company Information

Company Name

Address

Contact Person

Email

Phone Number

Travel Details

Destination(s)

Purpose of Travel

Departure Date

Return Date

Total Number of Travelers

List of Insured Persons

Full Name	Gender	Date of Birth	Passport/ID Number	Designation

Declaration

I confirm that the information provided above is true and correct to the best of my knowledge.

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I agree
Name of Authorized Signatory

Position/Title

Date

Signature