

## STARR ASSIST CARD INSURANCE APPLICATION FOR OVERSEAS TRAVEL

### APPLICANT DETAILS

NAME OF APPLICANT _____		_____ Mr./Ms./Mrs	
_____ Last Name		_____ First Name _____ Middle Initial _____ Title	
RESIDENCE ADDRESS		PERMANENT ADDRESS	
Street _____		Street _____	
Province / City _____ Zip Code _____		Province / City _____ Zip Code _____	
CONTACT NUMBER _____		PLACE OF BIRTH _____	
DATE OF BIRTH (MM/DD/YYYY) _____		NATIONALITY _____	
TIN / SSS / GSIS No. _____		SOURCE OF FUNDS _____	
Person to Contact in Case of Emergency _____		OCCUPATION _____	
Relationship _____ Telephone No. _____		If Employed, Name of Employer _____	
Email Address _____		If Self-employed, Nature of Business _____	

### SINGLE TRIP PLAN INFORMATION

Plan Type ☐ AC 35 ☐ AC 60  
☐ AC 250

Period of Travel From \_\_\_\_\_ To \_\_\_\_\_

No. of days \_\_\_\_\_ Destination \_\_\_\_\_

### ANNUAL TRAVEL PLAN INFORMATION

Plan Type ☐ Multi Trip 30 ☐ Multi Trip 60

Policy Effective Date \_\_\_\_\_

### D E C L A R A T I O N S

- I/We declare to the best of my/our knowledge and belief that the information given is true in every respect.
- I/We agree that this application and declaration shall form the basis of the contract between me/us and Starr International Insurance Philippines Branch ("STARR"). I/We authorize STARR to obtain medical information from my/our medical practitioner(s) and I/we agree to supply additional information relevant to this insurance policy at my/our own expense.
- The insurance application will be in force after it has been accepted by STARR.
- I/We understand, acknowledge and agree that, upon payment of the premium due under my/our policy, STARR shall become liable to pay, during the continuance of the policy and/or in respect of any renewal of the policy, a commission to any authorized insurance broker responsible for arranging this policy.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
AGENT/PRODUCER

I am/We are in good health, free from physical impairment or deformity and I am/we are not traveling to receive medical treatment. I/We understand that the maximum period of coverage for any trip is 180 days. I/We understand fully that the maximum age is 70 years old.

I hereby certify that I have validated the identification document(s) provided by the applicant for the purpose of his application for insurance.