

Given Name(s) Quotation Reference Number

Family Name

1. Have you travelled internationally in the last 30 days? Yes No

IF YES, PLEASE LIST ALL THE COUNTRIES YOU HAVE VISITED AND THE LENGTH OF EACH VISIT, INCLUDING ANY COUNTRIES THROUGH WHICH YOU TRANSITED.

| | |
|--------------------------------|--------------------------------|
| Country Name – Length of Visit | Country Name – Length of Visit |
| Country Name – Length of Visit | Country Name – Length of Visit |

2. Do you have any international travel commitments in the next 90 days? Yes No

IF YES, PLEASE LIST ALL COUNTRIES YOU WILL VISIT, THE PLANNED DATE OF ARRIVAL AND THE INTENDED LENGTH OF EACH VISIT. PLEASE INCLUDE ANY COUNTRIES THROUGH WHICH YOU WILL TRANSIT.

| | |
|--|--|
| Country Name - Planned Date of Arrival - Length of Visit | Country Name - Planned Date of Arrival - Length of Visit |
| Country Name - Planned Date of Arrival - Length of Visit | Country Name - Planned Date of Arrival - Length of Visit |

3. In the last 14 days, have you had direct contact with someone confirmed or suspected to have COVID-19? Yes No

4. In the last 14 days, have you experienced any of the following symptoms?

High fever or temperature
 Breathing difficulties
 Muscle or joint pain
 New or unexplained continuous cough
 I have not experienced any of these symptoms

5. If yes, did you consult with a Doctor about these symptoms? Yes No Not applicable

IF YOU DID CONSULT A DOCTOR, PLEASE PROVIDE BRIEF NOTES ON THE OUTCOME OF THE CONSULTATION.

6. Have you tested positive for COVID-19? Yes No I have not been tested

IF YOU HAVE TESTED POSITIVE FOR COVID-19, PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE AS MUCH RELATED DETAIL BELOW, INCLUDING APPLICABLE DATES.

a. Were you admitted to hospital? Yes No

b. Did you require breathing assistance from a ventilator? Yes No

c. Are you still experiencing symptoms? (If Yes, please provide full details) Yes No

Declaration by Life Insured

I declare that the above information is true, complete and precise, and I agree that, together with my Application, it shall form the basis of my Policy.

Signature of Life Insured

Date

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

