

Given Name(s) Application 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
Country Name – Length of Visit	Country Name – Length of Visit

2. Do you have any travel commitments in the next 60 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
Country Name – Length of Visit	Country Name – Length of Visit

3. Have you been in direct contact with someone confirmed or suspected to have COVID-19? Yes No

4. Have you experienced any of the following symptoms in the last 14 days?

High temperature or fever Breathing Difficulties Muscle or joint pain New or unexplained continuous cough

5. If yes, did you consult with a Doctor about these symptoms? Yes No I have not experienced any of the above symptoms

IF YES, 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

Please include any additional information you feel may be important for any of the answers you have provided above.

Declaration by Life Assured

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 Assured

Date

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

