

AIG 여행보험계약청약서
(Written Application of Travel Insurance for Inbound students/businessman)

* Please fill out the appropriate information.

피보험자 (Insured)	신규 / 갱신 (New / Renewal)	prior policy no.	국적 (Nationality)		
	성명(영문) (Name)		주민등록번호(Alien Registration No.)	Gender	Male or Female
	여행지 (Destination)		여행목적 (Purpose of Trip)		
	전화번호 (Tel. No.)		직업 (Occupation)	Visa Status	
	주소 (Address)		이메일 (E-mail Address)		
	가입플랜 (Plan)		총보험료 (Premium)	exchange rate	
	보험기간 (Policy Period)	Effective Beginning / Ending Dates (month/day/year)			
사망보험금 수취인 (Beneficiary)	성명(Name)		피보험자와의 관계 (Relationship with Insured)		
	주민번호 (Date of Birth.)				
계약자 (Policyholder)	성명(영문) (Name)		주민등록번호(Alien Registration No.)	Gender	Male or Female
	전화번호 (Tel. No.)		이메일 (E-mail Address)		
	전화번호 (Tel. No.)		직업 (Occupation)	Visa Status	
	주소 (Address)		(Relationship with Insured)		
	* I agree with drawing out the premium on my (or company's) account. The policyholder: (signature)				
Payment method	Electronic Fund Transfer	Bank name :	Account No. :		
	Credit Card	Card No. :	Expiration date:		
동반자 (Insured)	성명(영문) (Name)	주민등록번호 (Date of Birth.)	현재 건강상태 (Health Condition)	과거상병 (Sickness History)	가입플랜 (Plan)

- ◆ Have you had a diagnosis by a doctor, through consultation or examination, and had treatment, inpatient care, surgery or medication in the last three months?
Yes () No () (list type and purpose of any medications you must take:)
- ◆ Do you have any illness(bodily injury)?
No () If Yes (describe type and purpose of any medications you must take)
The pre-existing illness(bodily disability) the insured had before this insurance contract, the Company will not pay for a loss or damage.
- ◆ Are you going on schedule to professional mountain climbing, glider piloting, skydiving, scuba diving, or any other similar hazardous activities?
Yes () No ()
The Company will not be liable to pay an indemnity for any loss or damage to the insured while professional mountain climbing, glider piloting, skydiving, scuba diving, or any other similar hazardous activities
- ◆ Are you currently in Korea or are you abroad?
In Korea () Remain abroad ()
The Company's insurance liability begins 10 days later on the contract date, in case when contractor pay his/her first insurance in Korea.
- ◆ Are you covered by any other insurance?
No () Yes (Company: Coverage:)

* Must show proof your visa on registration(contract) day, we accept the following visa type.
- visa type : A1, A2, D2, D7, D8, D9, E1, E2, E3, E4, E5

* An amount of medical insurance the Company is liable to pay shall be limited to an amount stipulated in its policy every one accident.
The Company will not be liable to pay an indemnity for a loss or damage caused by any of the following causes, pre-existing diseases or physical disability pregnancy, childbirth (including caesarean section), dental treatment, etc.
* The afore-stated summarized Overseas Travel Accident Insurance Policy is a summary of Ordinary Clauses of Overseas Travel Accident Insurance Policy. Matters not described by this summary of clauses will be governed by Ordinary Clauses, the appropriate Special Clauses or Additional Clauses of Overseas of Overseas Travel Accident Insurance Policy.

* When this insurance contract is concluded, if the insured does not disclose his/her health condition as it is and/or the fact that he/she is actually engaged in dangerous activities as it is, etc. claims may not be paid for or the insurance contract may be terminated by the Company.

* I hereby certify that I have read the above.
The Policyholder:
Date: (signature)
Insured
Date: (signature)

Agreement 1. Purpose of Marketing contract

Based on the "Use and Protection of credit information Act 23th",
 In case insurer use customer's credit information, the insurer has to get agreement of the principle.
 I agree with the AIG General Insurance share the credit information with the following companies.
 *Other insurer (Life and Non-life)
 *Reinsurer
 *Life and Non-life association
 *Authrities
 *Other vendors

[Details of information]
 Name of the policyholder and the insured, address, national ID number, sex, nationality, job, company, contract information(phone number and e-mail)
 date of application, product, premium, benefits
 history of claims
 medical history of insured, health exam results

* I understood and agreed with the above agreement 1.

The policyholder: (signature)
 insured1: (signature) guardian (signature)
 insured2: (signature) guardian (signature)

Agreement 2. Purpose of Marketing

Based on the "Use and Protection of credit information Act 24th",
 In case insurer use customer's credit information, the insurer has to get agreement of the principle.
 I agree with the AIG General Insurance share the credit information with the following companies.
 *Truster company
 *Agents and broker
 *An affiliated companies

[Details of credit information]
 Name of the policyholder and the insured, address, national ID number, sex, nationality, job, company, contract information(phone number and e-mail)
 date of application, product, premium, benefits

* I understood and agreed with the above agreement 2.

The policyholder: (signature)
 insured1: (signature) guardian (signature)
 insured2: (signature) guardian (signature)

PRODUCER CODE	40224	PRODUCER NAME	KIM JONG SEOK	BRANCH	CENTRAL	CONTANT NO.	010-8783-0794
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