

BUSINESS TRAVEL ENDORSEMENT – INSTRUCTION FORM

Date of Instruction :	
To :	Accident & Health Department – Group Unit via fax @ 6415 7131
Attn :	
From:	Producer Code

Policy Type	Corporate Travel/Corporate Assist
Policy No.	
Policyholder :	
Period of Insurance :	

Endorsement(s)

<input type="checkbox"/> Addition(s)	Effective Date : _____ Name : _____ DOB : _____ Occupation : _____ Plan Selected : _____ Territorial Limits <input type="checkbox"/> Regional <input type="checkbox"/> International
<input type="checkbox"/> Deletion(s)	Effective Date : _____ Name : _____
<input type="checkbox"/> Addition of Benefit(s)	Effective Date : _____ New Benefit : _____ Sum Insured : _____ Additional Premium : Subject to applicable underwriting rate
<input type="checkbox"/> Change of Plans	Effective Date : _____ Existing Plan : _____ Revised Plan : _____ Additional / Refund Premium : _____
<input type="checkbox"/> Extension of Period of Insurance <input type="checkbox"/> Shortening of Period of Insurance	Extension Period : _____ Date of Return : _____
<input type="checkbox"/> Addition of Subsidiaries <input type="checkbox"/> Addition of Insured Person To Specific Subsidiaries	Effective Date : _____ Name : _____ Occupation : _____ Subsidiary : _____ Plan Selected / Subsidiary : _____ Territorial Limits <input type="checkbox"/> Regional <input type="checkbox"/> International
<input type="checkbox"/> Increase / Reduction of Sum Insured	Effective Date : _____ Name : _____ Occupation : _____ Benefit : _____ New Sum Insured : _____

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	Additional/Refund Premium : _____
<input type="checkbox"/> Change of Address	Effective Date : _____ New Address : _____ _____
<input type="checkbox"/> Change of Expiry Date	To Expire On : _____
<input type="checkbox"/> Change of Servicing Producer	Please attached Letter of Appointment
<input type="checkbox"/> Change in Aggregate Limit	<input type="checkbox"/> Per Occurrence : _____ <input type="checkbox"/> Per Conveyance : _____
<input type="checkbox"/> Cancellation	Effective Date : _____ Client's Letter : Please furnish
<input type="checkbox"/> Other Remarks	_____ _____ _____ _____ _____

Amendment (s)

<input type="checkbox"/> Premium	<input type="checkbox"/> Plan	<input type="checkbox"/> Period of Insurance
<input type="checkbox"/> Insured	<input type="checkbox"/> Aggregate Limit	<input type="checkbox"/> Name
<input type="checkbox"/> Others (Please specify) : _____		

Official Use

<input type="checkbox"/> Remarks	_____ _____ _____
<input type="checkbox"/> Clauses To Add	_____ _____ _____

Producer's/Client's Signature : _____

Date : _____

Underwriter's Name/Signature : _____

Date : _____