

QUESTIONNAIRE 15070 - TRAVEL-RELATED RISK

Surname: First name: Member ID number:

2 - Previous trips
 . You can group together the European Union countries under the unique term: EU
 . For all the other countries, please complete the statement by filling in the information required below:

	Countries	Cities	The nearest city, if outside major urban centres	Number of stays per year	Average length of stay	Leisure trip	Business trip
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>
 days	<input type="checkbox"/>	<input type="checkbox"/>


3 - Accidents that occurred during previous trips abroad:
3.1 - Dates, locations and circumstances:

3.2 - Nature and location of injuries:
3.3 - Hospitalisation with or without surgery, if applicable:
3.4 - Place of hospitalisation:
3.5 - Medical treatment(s), follow up care and duration:
3.6 - After-effects:

Done at

On

IMPORTANT
 I, the undersigned, certify that I have answered the above questions accurately and sincerely. I hereby certify I have nothing to report, nor omitted anything, that could mislead the insurer (on the understanding that articles L113.8 and L113.9 of the Insurance Code both endorse the nullity of the Insurance Contract or reduced guarantees in case of false statement).

Signature of the person seeking coverage (Preceded by the mention "read and approved"):




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