Pallas GlobalHealth

NAVIGATOR Insurance Brokers Ltd.

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addition of newborn

Member Name:

Policyholder:

Policy Number:

Newborn Details

Name (Last, First, Middle):

Gender (M/F):

Date of Birth (ddmmyy):

Date of Discharge from Hospital (ddmmyy):

1. Was your newborn discharged from hospital in a healthy state and does not suffer from any birth defects or congenital condition(s)?

☐ Yes ☐ No If No, please give details:

2. Is your newborn under treatment for any illness, injury, or medical condition?

☐ Yes ☐ No If Yes, please give details:

3. Have you been advised to have your newborn undergo any test, treatment, procedure, or hospitalization?

☐ Yes ☐ No If Yes, please give details:

I hereby declare that all answers to the foregoing questions are correctly recorded, and that they are full, complete, and true.

I acknowledge that presentation of this form does not entitle me or anyone else to cover under this, or any other insurance product or service provided by Liberty International and or its representative GlobalHealth Asia Limited. I also acknowledge that the decision as to whether I will be offered cover under this, or any other insurance product or service provided by Liberty International and or its representative GlobalHealth Asia Limited, remains entirely at Liberty International and or its representative GlobalHealth Asia Limited absolute discretion at all times.

Signature

Date

Please send completed form to:

GlobalHealth Asia Limited

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Telephone: (852) 2526-0918 Facsimile: (852) 2526-0769 Email: hkpallas@globalhealthasia.com
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