



PLEASE RETURN TO:
STRAND VOYAGES
The Oasis Centre, 75 Westminster Bridge Road
London SE1 7HS, UK
Fax: +44 (0)20 7921 4476
Email: voyages@strandtravelltd.co.uk

INSURANCE DECLARATION

In connection with my voyage on board the container vessel “ M/V _____ ”

I/We, the undersigned passenger(s), herewith declare I/we have contracted an international Travel Health Insurance incl. 24-hours medical assistance (incl. Emergency aid in case of disease, accident and death) and return transport.

The Travel Health Insurance with the policy number

has been contracted by me/us.

I/We declare, I/we will solely purchase a Travel Health Insurance that provides a 24-hours emergency number ! The Insurance company can be reached 24-hours at the following emergency phone number :

I/We will provide the booking office with proper copies of the insurance in good time before embarkation.

A travel cancellation insurance was highly recommended to me/us.

Passenger's Name/Surname :

Place, Date _____ Signature(s) _____