

	<u>DISCHARGE INSURANCE</u>
Line :	
Vessel :	
Departure date :	

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

in connection with my voyage scheduled on board the container vessel:

- M/V CMA CGM :

I/We have contracted

- Date : on the
- A Travel Health Insurance

Insurance Company	
Policy reference	

I/We declare, I/We will solely purchase a Travel Health Insurance that provides a 24 hour emergency number.

The Insurance Company can be reached 24 hours a day and 7 days a week at the following number: (country code) : +.....

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 Name / First name

Signature (s)

Place, Date :