

Sample

To all participants of international exchange programs at the University of Electro-Communications

[Subscription period]

June,1,2019 ~ May,31,2020

[How to apply]

According to The the University of Electro-Communications, its students participating in Overseas Study Program and its faculty members leading them are required to take out Tokio Marine Insurance Company's Overseas Travel Insurance. Please take out the insurance in accordance with the procedure given below by the deadline. However, if you have any inquiry on the procedure or the contents of the insurance, you can directly contact E-CALLS Inc., the helper of your insurance.

Application Form

Travel Period

Departure Date *

2019-06-17

Please fill-in the date of departure from your home (not the day of departure from Japan).
In some web browser, "The date select box" shows up double. (we are requesting modification now)

Return Date *

2019-06-25

Please fill-in the return date to your home (not the day of return to Japan).
In some web browser, "The date select box" shows up double. (we are requesting modification now)

The number of days

9 days

The number of days for insurance is automatically calculated.

Insurance Plan

Plan

☒ C

Insurance period within 31 days is "Plan C",
Insurance period over 31 days is "Plan D"

Injury death

JPY 10,000,000

Injury Permanent Disability

JPY 10,000,000

Sickness Death

JPY 10,000,000

Medical & Rescuer's Expenses

JPY 100,000,000

Personal Liability

JPY 100,000,000

Baggage

JPY 200,000

Travel Emergency Expenses

Please check Travel Emergency Expenses is included.

JPY 500,000

Checked Baggage Delay

JPY 100,000

Flight Delay Expense

JPY 20,000

Amount of payment

Premium

JPY 4,420

東京海上日動火災保険株式会社(Tokio Marine & Nichido Fire Insurance Co., Ltd.)
E-CALLS Inc. 03-5614-0696

Application details

Facility Department or Program name *

Please fill-in both department name and program name or your objective (International conference etc.)

Personal Information

Name of Insured *

Surname

Given name

※Please write your name as written in your passport

Sex *

☒ Male☐ Female

Student Number or Faculty Member No. *

Birth Date *

choose year

/ choose month

/ choose day

Age *

Address to which Insurance Certificate will be sent

TEL *

E-Mail Address *

zip code *

Address (Prefectures) *	<input type="text"/>		
Address (City) *	<input type="text"/>		
Address (street number) *	<input type="text"/>		
Address (Bldg. & Room No.)	<input type="text"/> don't forget Building name and Room number		
Emergency Contact In Japan			
TEL *	<input type="text"/> <div style="float: right; font-size: small;"> If you don't have emergency contact person in Japan, please fill in the contact information of International Student office. </div>		
zip code *	<input type="text"/> <div style="float: right; font-size: small;"> TEL: 042-443-5117, Zip code: 182-0021 Address: 1-5-1 Chofugaoka Chofu-city, Tokyo Japan Name: International Student Office Relationship: University office. </div>		
Address *	<input type="text"/>		
Name of your contact person and his/her relationship to you *	Mr. or Ms.	<input type="text"/>	Relationship <input type="text"/>
Emergency Contact In your home country			
※for Foreign Student and Foreign Faculty Member			
TEL *	<input type="text"/>		
zip code *	<input type="text"/>		
Address *	<input type="text"/>		
Name of your contact person and his/her relationship to you *	Mr. or Mrs.	<input type="text"/>	Relationship <input type="text"/>
Insurance Plan			
Travel Period	17/06/2019 ~ 25/06/2019 Insurance information shows up automatically.		
Insurance Plan (Insurance Company)	C : 東京海上日動火災保険株式会社(Tokio Marine & Nichido Fire Insurance Co., Ltd.)		
Premium	JPY 4,420 Bank transfer takes some transaction fee, while Convenience store payment and Credit card is no transaction fee. After your application in this WEB site, 1) For Bank transfer, you will soon get e-mail of Bank account information and pay by the direction of e-mail. 2) For Convenience store payment, you will get postal mail with payment slip in few days. 3) For Credit card, you will get e-mail how to pay by credit card in few days.		
Payment methods *	<input checked="" type="radio"/> Bank Account Transfer <input type="radio"/> Convenience Store Payment <input type="radio"/> Credit Card)		
Distination (Country) *	<input type="text"/> If you have multiple destinations, please fill in "ALL" countries' names.		
Distination (City) *	<input type="text"/> If you have multiple destinations, please fill in "ALL" cities' names.		
Remarks	<div style="border: 1px solid black; padding: 5px;"> <p>*IMPORTANT If you need "Certificate of travel Insurance" in English, Please fill in that request in Remarks.</p> <p style="font-size: x-small;">If you have any inquiry on the Insurance and the Application, Please contact us</p> <p style="font-size: x-small;">E-CALLS Inc. Customer Center 1-5-3, Nihonbashi Bakurocho, Chuo-ku, Tokyo</p> <p>TEL: 03-5614-0696 FAX: 03-5614-0979 E-MAIL: kanyu@e-calls.co.jp</p> </div>		

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