

*** Full Benefit Cover:**

The following sub limits will apply per person:

1	Cancellation and Curtailment	USD	6,250/-
2	Journey Disruption Sub-Section	USD	1,250/-
3	Medical Repatriation & Other Expenses	USD	1,000,000/-
4	Emergency Dental Treatment	USD	750/-
5	Hospital Daily Benefit (each 24 hrs)	USD	32/-
6	Hospital Benefit in all	USD	1,875/-
7	Personal Liability	USD	1,000,000/-
8	Legal Expenses	USD	12,500/-
9	Travel Delay (in all)	USD	250/-
10	Baggage & Personal Effects	USD	3,750/-
11	Delayed Baggage	USD	625/-
12	General Average	USD	625/-
13	Money & Business Documents	USD	1,250/-
14	Loss of Passport	USD	1,565/-
15	Personal Accident (Adults)	USD	25,000/-
16	Personal Accident (Children)	USD	2,500/-

* The personal accident limit may be increased up to a maximum limit of USD 100,000/- if required, as per article 15 subject to an additional premium

**** Medical, Repatriation and other expenses:**

Limit USD 500,000/- per person

7. Please read the following declaration and sign below:

I declare that to the best of my knowledge and belief all persons proposed for this insurance are free from any illness or infirmity and are not undergoing any treatment, which could result in medical expenses being incurred.

I agree that this proposal is for insurance in the normal terms and conditions of the Insurers Policy and shall form part of the insurance contract.

Dated:

Name:

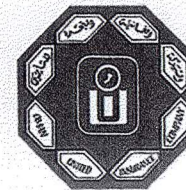
Signature: _____

* Disclaimer: This leaflet provides only summarized information about the available coverage. Full details of Terms, Conditions, Coverage and Exclusions are contained in the Policy wording available from any of our offices all over the Sultanate of Oman.

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Madinat Qaboos: 24696509, Al Qurum: 24562105, Barka: 26886687,
Buraimi: 25650105, Darsait: 24703990, Ibra: 25572386,
Ibri: 25692386, Nizwa: 25410330, Salalah: 23295040,
Seeb: 24421771, Sohar: 26841533, Sur: 25543229,
Suwaiq: 26709454



**OMAN UNITED
INSURANCE CO.
S.A.O.G**

TRAVEL INSURANCE



www.omanutd.com

TRAVEL INSURANCE PROPOSAL FORM

This insurance is available for ordinary business or holiday travel, which does not present any special hazard such as visits to politically disturbed areas, hazardous or manual occupations, International Overland Travel in Asia and Africa other than by Railway.

The Insurance period shall commence at the time the Insured Person leaves his / her home or place of business, whichever occurs later, for the purpose of proceeding on a journey beyond the confines of Oman and shall terminate at the time he returns to his / her home or place of business whichever is earlier.

Please complete all the columns in BLOCK LETTERS and tick the appropriate column.

The Insurers reserve the right to ask for additional information & accordingly alter the terms or decline this proposal.

1. Proposer's name:

Sr. No.	Insured Person	Date of Birth	Passport No.
1.			
2.			
3.			
4.			
5.			
6.			

2. Address

P.O. Box	P.C.	Contact No.
Fax No.		Email

3. Period of Insurance

No. of Days	Date of commencement
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4. Cover required For (please tick)

Destination	Medical Only (as below)**	Full Benefit (as below)*	Winter Sport Extension At Additional Premium
Middle-East (Excluding Oman)			
World-Wide Including U.S.A./Canada			
Worldwide Excluding U.S.A./Canada			
Schengen Countries			

5. Please mention the name, address of the usual Medical Practitioner OR Hospital where medical records of person / persons proposed for this insurance are maintained.

6. Please disclose any other facts which may influence the acceptance of this risk e.g. existing Health Conditions: