



### 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 area, hazardous or manual occupations, overland travel or a stay of longer than 6 months.

This insurance will commence only on acceptance of a duly completed proposal form and receipt of the appropriate premium.

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

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

#### 1. Persons to be insured:

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
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 (s) proposed for this insurance are maintained.

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

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



الشركة العامة للتأمين والتأمينات في عمان

SECURITY SERVICES

P.O. Box 1522, Postal Code: 112 Ruwi, Sultanate of Oman, Tel.: 244 77300

Fax: 244 77 334 E-mail: enquiry@ouic.com.om Website: ouic-oman.com C.R. No.1/23725/0

**\* Full Benefit Cover**

The following sub limits will apply per person:

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

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

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

Limit	USD 500,000/- per person
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7. Please read the following the 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: \_\_\_\_\_