



THE NEW INDIA ASSURANCE CO. LTD
P.O. BOX 2907, P.C.112, RUWI
SULTANATE OF OMAN

PROPOSAL FORM
FOR
TRAVEL SAFE POLICY

Full Name: _____

Nationality: _____

Occupation: _____

Date of Birth _____/_____/_____

Sultanate of Oman Visa No. _____

FAMILY DETAILS

(Only if you wish to buy insurance for you family comprising spouse and children)

1. Name: _____

Relationship: _____

Date of Birth _____

2. Name: _____

Relationship: _____

Date of Birth _____

3. Name: _____

Relationship: _____

Date of Birth _____

4. Name: _____

Relationship: _____

Date of Birth _____

5. Name: _____

Relationship: _____

Date of Birth _____

CHOICE OF COVERAGE (Tick you choice)

Geographical Area. Worldwide _____ Worldwide – excluding USA & Canada _____

Period: Up to 2weeks _____ Up to 1 month _____ Up to 2 month _____ Annual _____

Date from which you wish the coverage to start _____

Declaration

I hereby declare that each person to be insured:

- A) is in good physical and mental health.
- B) Agreed to be bound by the policy conditions.
- C) Is traveling for pleasure or business and does not intend to seek medical opinion and / or treatment while on the trip, except when necessitated by unforeseen injuries or illness appearing for the first time during the subject travel.

I hereby declare that to the best of my knowledge.

- A) there are no circumstances with the holiday which render it abnormal.
- B) No insurer has refused to give travel insurance and no travel claim has been made by a member in the last three years.

In the event of a claim under section 1 (Personal Accident) and / or Section 2 (Medical Expenses).

I/We hereby authorized to company to obtain further information from the attending doctor and /or hospital and/ or the claimants usual medical practitioners in his/her country of residence.

I/We agree that this application and declaration shall from the basis of contract between me/us and the Company and that I/We will accept and abide by the terms and condition of the policy to be issued.

I am aware that this insurance will be rendered invalid if fail to disclose the facts the insurance company requires to assess the risk or if I misrepresent facts.

Signature

Muscat, Sultanate of Oman

_____/_____/_____