



# THE NEW INDIA ASSURANCE COMPANY LIMITED

P.O. Box 2907, PC 112, Ruwi, Sultanate of Oman

Email : niamct@omantel.net.om

## TRAVEL INSURANCE APPLICATION

### TRAVEL COMFORT

Date of Departure	
Date of Return	
Period of Insurance	
Selected Plan	A. Excluding USA & Canada <input type="checkbox"/> B. Including USA & Canada <input type="checkbox"/>

#### DETAILS

Sl. No.	Name of the Insured	Date of Birth	Nationality	Passport Number	Premium (RO)		
					Per person	Family	Addl for skiing
1.							
2.							
3.							
4.							
5.							
<b>TOTAL PREMIUM</b>							

Address of the Applicant	
Telephone No.	

#### To be read & signed by the applicant :

I hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in this application been diagnosed with and does not suffer from any medical condition for which medical treatment may be required. Furthermore all persons named in this application will not travel against medical advice or for the purpose of obtaining medical treatment. I further declare that I am not aware of any reasons, in connection with the health of anyone named on this application, that could result in any claim under this insurance. I am aware that this is not a general health insurance policy and that pre-existing medical conditions are not covered. I have been made aware of the important terms and conditions of this insurance and that certain to cover do apply. I also understand that this application does not feature all of the coverage issues, terms, conditions and exclusions which are fully described in the certificate wording.

Maximum period of any one trip 60 days in respect of Annual Multi Trip Policy.

I am a permanent resident of Oman and I am over 18 years of age.

Signed : .....

By the applicant on behalf of all insured persons

Date : .....

**FOR NEW INDIA OFFICE USE ONLY**

**CERTIFICATE NO. :**

**POLICY NO. :**

**DEBIT NOTE NO. :**

**RECEIPT NO.:**

Please enclose Passport copy/ID copy.