

International Travel Insurance Proposal Form

Applicant's Details

Full Name: _____		ID/Iqama No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth: _____ / _____ / _____	Nationality: _____	Occupation: _____
P.O. Box: _____	City: _____	Post Code: _____
Tel. (Home): _____	Tel. (Office): _____	Ext.: _____ Fax: _____
Mobile: _____	E-mail: _____	

Type of Insurance

☐ Short Term ☐ Annual

For Short Term Insurance

Type of Cover: ☐ Standard ☐ Schengen

Please note, cover under Schengen scheme is limited only to personal accident and emergency medical expenses. The total amount of coverage under emergency medical expenses is limited to SR 200,000 only with SR 200 deductible per person per incident.

Period of Trip: From: _____ / _____ / _____ To: _____ / _____ / _____ (Both Dates Inclusive)

Please tick the appropriate box for the type of insurance you require:

Destination:

☐ Worldwide ☐ Worldwide excluding USA/Canada ☐ Schengen Countries

For Annual Insurance

Type of cover: ☐ Standard ☐ Schengen

Please tick the appropriate box for the type of insurance you require:

☐ Individual Cover ☐ Family Cover

Family cover applies to you and your wife/wives, plus your children under the age of 15 years, all permanently residing with you and declared under this insurance.

Name of person to be Insured	Relation to Applicant	Date of Birth/Age at time of travel

Please note your policy will commence once the completed proposal form and payment have been received and approved by Tawuniya. Accordingly no return contribution will be allowed unless the insurance is cancelled within 10 days of issue date or before the scheduled travel commences (whichever is sooner).

Credit/Debit Card Details

Card Type:	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Card No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date:	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>		

Note: Credit Card should be that of the applicant.

Declaration by Applicant on behalf of all Persons to be Insured

- To the best of my knowledge and belief, the above statements and particulars are complete and true and that I have not misstated or suppressed any material facts. (A material fact is one which is likely to influence Tawuniya's acceptance or assessment of this proposal. If in any doubt whether facts are material, they should be disclosed).
- To the best of my knowledge and belief there are no reasons which would give rise to cancel or curtail our trip, and I will notify Tawuniya in the event of any such reason arising between the policy being issued and the commencement date of insurance.
- None of us will be traveling against medical advice.
- It is agreed that this proposal shall be the basis of the contract between me and Tawuniya.
- Tawuniya reserves the right to decline any application.

Signature: _____ Date: _____