

Travel Insurance Proposal Form

Name

Date of Birth

Passport No.

Expiry Date

Mailing Address

Mobile Number

Names of Insured Travellers

1.

2.

3.

4.

5.

Policy Details

Single Trip

- 1 Week 2 Weeks 3 Weeks 4 Weeks
 2 Months 3 Months 6 Months

Travel Easy Plan

- Elite Ultimate Family
 Annual Multi-trip Individual Annual Multi-trip Family

Annual Policy

From

To

Total Premium AED

Method of Payment Cash Debit Card Cheque

Declaration

The above information is true and accurate. And I/we understand that this information shall form the basis of the insurance policy to be issued to me/us by Oman Insurance Company (P.S.C.) (hereafter called the 'Company'), and that I/we will be fully liable for any incorrect or false information provided herein, which may also lead to the cancelation of my/our insurance policy and any benefits thereto. I/we further agree that any information collected or held by the Company (whether contained in this Proposal Form or obtained otherwise) may be used and/or disclosed by the Company to its employees officers/ subsidiaries/ affiliates or for any insurance related matters, or whenever required by law.

Signature

Date

Certificate issued by

Date