

Musafer Plus – Individual Travel Insurance

Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 “Establishment of the Insurance Authority & Organization of its Operations”, with Registration No. (1).

Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

1. Personal details

- a. First name: _____
- b. Last name: _____
- c. Gender: Male Female
- d. Date of birth: _____ / _____ / _____
- e. Profession: _____
- f. Nationality: _____ g. Passport No.: _____
- h. Landline No.: _____ i. MobileNo.: _____
- j. Address: _____
- k. P. O. Box: _____ l. Emirate: _____
- m. Email: _____
- n. VAT Tax Registration Number (if applicable): _____

2. Travel details

Please select the matrix corresponding to cover type and coverage zone.

| Cover type | Coverage zone | | | |
|--|--|--|-----------------------------------|-------------------------------|
| Individual | <input type="checkbox"/> Worldwide | <input type="checkbox"/> Worldwide (Excl USA, Canada) | <input type="checkbox"/> Schengen | <input type="checkbox"/> KSA* |
| Family** | N/A | <input type="checkbox"/> Worldwide (Excl USA, Canada) | <input type="checkbox"/> Schengen | <input type="checkbox"/> KSA* |
| Group*** | <input type="checkbox"/> Worldwide | <input type="checkbox"/> Worldwide (Excl USA, Canada) | <input type="checkbox"/> Schengen | <input type="checkbox"/> KSA* |
| If Group is selected kindly mention the group size for our special rates | | | | |
| <input type="checkbox"/> 15 persons | <input type="checkbox"/> 76-125 persons | | | |
| <input type="checkbox"/> 16-75 persons | <input type="checkbox"/> 126-250 persons | | | |
| Winter/Summer hazardous sports extension | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Terrorism cover extension | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Visiting country | | | | |
| Period of travel | | Trip start date | | |
| | | Trip end date | | |

*For Hajj & Umrah only.

**Family is defined as two named adults under 60 yrs and any number of their named children less than 16 years traveling together.

***Group is defined as a group of people traveling on the same trip and the same date.

3. Additional members (Applicable for Family/Group option)

| Full name | Date of birth | Relation | Nationality | Passport No. | Gender |
|-----------|---------------|----------|-------------|--------------|--------|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

4. Beneficiary

| Name | Date of birth | Gender | Relationship | Percentage |
|------|---------------|--------|--------------|------------|
| | | | | |
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Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer: _____

Title: _____

Signature: _____

Stamp: _____

Date: _____

Note: Please note that each page of the proposal form should be signed by the Proposer or its legal representative