

Oman Insurance Company ***Traveleasy* Acceptance Form**

Important Notes:

1. All material facts must be disclosed. Failure to do so may invalidate this policy. A material fact is one which is likely to influence an insurer in the assessment and acceptance of the proposal. If you are in any doubt as to whether a fact is material, it should be disclosed to the insurer.
2. We reserve the right to ask for special term or decline this proposal.

I wish to apply for *Traveleasy* travel insurance for myself/members of my party detailed below.

1. Family Name: Mr/Mrs/Ms _____
Given Name : _____ Age : _____

2. Address : _____

Tel. no. : _____ e-mail: _____

3. Name of others to be insured :

- | | |
|-----------|------------|
| (a) _____ | Age: _____ |
| (b) _____ | Age: _____ |
| (c) _____ | Age: _____ |
| (d) _____ | Age: _____ |
| (e) _____ | Age: _____ |

4. Beneficiary Name, Address & Contact No.: -

5. Start date of Holiday: _____ No. of days cover required: _____
Return date: _____

6. Countries to be visited : (Tick where appropriate)

- a) Area 1: Countries in the Arabian Gulf Co-operation Council (AGCC); Lebanon & Jordan
- b) Area 2: Countries including USA & Canada
- c) Area 3: Europe, Indian Sub Continent, Philippines
- d) Area 4: Rest of the World

7. Please answer the questions below as fully as possible:

If the answer to any of the questions is yes then give the details in the space provided.

(i) Will either you or any person be participating in any sport or hazardous recreation.

Yes No

If yes, give details

(ii) Are you or any person to be insured suffering from any medical condition or illness or have you or any person to be insured had any medical treatment in the past 2 years. If so please give details

Yes No

(iii) Are you aware of any situation which might delay or cancel your trip? If so give details

I hereby authorize Mashreqbank to collect the premium/other charges by:

1. Debiting my A/C No.

2. Debiting my Credit Card No Valid thru

3. Cash at branch.

Delivery options (for Insurance Certificate) Tick as required

Send by Post Send by Courier(Cost AED 5/-) Collect at

Mashreqbank _____ branch

Declaration

I/We declare that all the details given in this application are considered as integral parts of the Insurance policy and are true on my/our responsibility. I/We also understand that the Instructions sent by me/us to the Bank through facsimile communication shall be considered valid and binding on me/us and the Bank may act upon instructions conveyed through this method. The Bank may use copies of the facsimile transmissions in any court of law.

Disclaimer

Mashreqbank Traveleasy Insurance is arranged through Oman Insurance Company psc. All Insurances are subject to Bank's and/or Insurance Company's approval at prevailing terms and conditions. **Claims Servicing & claims settlement shall be done by the Insurance Company directly and the Bank shall not be responsible for the claims.**

Date _____ Signature of proposer _____