

APPLICATION FORM
DOMESTIC PLAN

Issued at (City) _____ Policy Issue Date: _____

Departure Date: _____ Expiry Date: _____

Duration: _____ Single Trip Multi-Trip

Name of Insured: _____

CNIC # _____ Passport Number: _____

Date of Birth (dd/mm/yy): _____ Contact No: _____

Address: _____

_____ Email ID: _____

Beneficiary _____ Relationship: _____

Contact No: _____ Address: _____

Individual Policy Family Policy

Spouse's Name: _____ D.O.B: _____ Passport No: _____

Child No.1: _____ D.O.B: _____ Passport No: _____

Child No.2: _____ D.O.B: _____ Passport No: _____

Child No.3: _____ D.O.B: _____ Passport No: _____

Child No.4: _____ D.O.B: _____ Passport No: _____

Purpose of Visit: Holiday Business Official Professional Leisure

Plan Selected: Delight Basic

Premium in PKR.

Important Note:

- Maximum 30 Days Per trip in covered in annual Multi-Trip Plan
- Customers between ages 6 months to 65 their in birthday
- Family option includes Insured Person, Spouse and 4 children. Maximum age for children covered is their in birthday
- Premium amounts are inclusive of all applicable taxes and stamp duty
- Please refer to the terms & conditions for details provided in the Policy Wording
- Medical treatment related to any pre-existing condition, cancer or Pregnancy fall under exclusion and is not covered.

Insured's Signature

Authorized Signature
on behalf of
Adamjee Insurance Company Limited.