

APPLICATION FORM
TRAVEL & HEALTH INSURANCE - STUDENT PLAN

Issued at (City) _____ Policy Issue Date: _____

Departure Date: _____ Expiry Date: _____

Duration: 180 Days 365 Days

Name of Insured: _____

CNIC # _____ Passport Number: _____

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

Address: _____

_____ Email ID: _____

Destination: SCHENGEN STATES Other Country: _____

Beneficiary _____ Relationship: _____

Contact No: _____ Address: _____

University Name: _____

IMPORTANT NOTE:

- university acceptance letter/admission letter is required for issuance of all Student Travel Insurance policies
- All plan types fulfill Schengen Visa requirement.
- Student Policies are covered for the entire period of insurance (180 & 365 consecutive days) according to the selected plan.
- Optional cover of Tuition Fee is only applicable "with Tuition Fee Cover" plans
- Emergency Medical Expenses are limited to hospitalization only.
- Premium amounts are inclusive of all applicable taxes and stamp duty.
- This Travel Insurance Policy is not valid in the country where the insured is a national of or has a permanent resident status declared by the Government.
- Medical treatment related to any pre-existing condition, cancer or pregnancy fall under exclusion and is not covered.

Plan Selected: Student Delight. Student Basic

Benefit: With Tuition Fee. Without Tuition Fee.

Premium in PKR.

Insured's Signature

Authorized Signature
on behalf of
Adamjee Insurance Company Limited.