

APPLICATION FORM

TRAVEL INSURANCE - INTERNATIONAL PLAN

Applicant's Details:

Name: _____ CNIC Number: _____

CNIC Issue Date: _____ CNIC Expiry Date: _____

Passport Number: _____ Nationality: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Contact No: _____ Email Address: _____

Source of Income: Self-Employed Salaried Others (mention) _____

Policy Particulars:

Individual Policy Family Policy

Departure Date: _____ Trip Duration (in days): _____

Purpose of Visit: Holiday Business Official Professional
Leisure Educational Pilgrimage Others

Destination: Schengen States Worldwide Specific Country: _____

Single Trip Multi-Trip

Plan Selected: Elite Bliss Schengen Delight Schengen Basic Care

Premium (in PKR) Premium amount is inclusive of all applicable taxes and stamp duty.

Beneficiary Details:

Name: _____ Relationship: _____

CNIC Number: _____ Contact: _____

Address: _____

Family Details (in case of Family Policy only):

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: _____
Child No.5: _____ D.O.B: _____ Passport No: _____
Child No.6: _____ D.O.B: _____ Passport No: _____

Brief Terms & Conditions:

- Family policy includes an insured person with a spouse aged up to 64 years and unlimited children up to 17 years.
- This Travel Insurance Policy is not valid in the country where the insured is a national of (has a citizenship).
- This Travel Insurance Policy is not valid in the country where the insured has a permanent resident status declared by Govt.
- This Travel Insurance Policy is only valid when the insured's departure is from Pakistan on or after the policy start date.
- Medical treatment related to any pre-existing condition, cancer or pregnancy fall under exclusion and is not covered.

Important Note:

Please refer to complete policy wording for in-depth understanding of policy conditions and exclusions.

Undertaking:

I/We declare and confirm that I/we have read/been read before me above provided details and these are accurate/correct in all respects. In case of any change therein, I am bound to update our customer record and inform AICL thereof.

Applicant's Signature/Thumb Impression with Date

Adamjee Insurance Company Limited