

**APPLICATION FORM**  
**TRAVEL INSURANCE - DOMESTIC PLAN**

**Applicant's Details:**

Name: \_\_\_\_\_ CNIC Number: \_\_\_\_\_

CNIC Issue Date: \_\_\_\_\_ CNIC Expiry Date: \_\_\_\_\_

Foreign 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 City: \_\_\_\_\_

Single Trip  Multi-Trip

Plan Selected: Basic  Delight

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: \_\_\_\_\_ CNIC No: \_\_\_\_\_  
Child No.1: \_\_\_\_\_ D.O.B: \_\_\_\_\_ CNIC No: \_\_\_\_\_  
Child No.2: \_\_\_\_\_ D.O.B: \_\_\_\_\_ CNIC No: \_\_\_\_\_  
Child No.3: \_\_\_\_\_ D.O.B: \_\_\_\_\_ CNIC No: \_\_\_\_\_  
Child No.4: \_\_\_\_\_ D.O.B: \_\_\_\_\_ CNIC No: \_\_\_\_\_

**Brief Terms & Conditions:**

- Maximum 30 days per trip are covered in Annual Multi-Trip plan.
- Family policy includes an insured person with a spouse aged up to 64 years and four children up to 17 years.
- This Travel Insurance Policy is only valid when the insured's departure is 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