

APPLICATION FORM TRAVEL INSURANCE - STUDENT 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 & Beneficiary Details:

With Tuition Fee Policy With-out Tuition Fee Policy

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

Destination: Schengen State Other Country: _____

Plan Selected: Student Basic Student Delight

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

Beneficiary Name: _____ Relationship: _____

Contact Number: _____ Address: _____

Brief Terms & Conditions:

- Policy is valid for insured up to 45 years of age and when departure is from Pakistan on or after the policy start date.
- This travel insurance policy is not valid in the country where the insured has a citizenship or Legal Residence Permit.
- Any treatment related to and/or expenses for Out-patients Department are not covered under this travel policy.
- 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