



F A M I L Y S H I E L D

PROPOSAL FORM

- ▶ The proposer is advised to read the policy features to understand the benefits and usability of the product.
- ▶ Receipt of the completed proposal form and first premium does not create any obligation on Oman Insurance Company to underwrite the risk. The liability for the company shall commence only after the risk has been underwritten and policy issued.
- ▶ This proposal should be accompanied with the initial contribution amount. In case of cheque, payment should be made payable to 'Oman Insurance Company'. Payment can also be made in cash, or by credit card.
- ▶ The proposer is required to submit a copy of his passport along with this proposal form for his age proof.

LIFE TO BE INSURED (Policy holder) DETAILS (Please complete in capital letters)

Full Name Mr/Mrs/Ms

Father's/Husband's name

Date of birth

Place of birth

Nationality

Passport No.

Gender Male

Female

Marital Status

Single

Married

Widow(er)

Divorced

Residential Address

Name & Address of Employer

Preferred address for correspondence

Residence

Office

Telephone Number

Residence

Office

Mobile

Email

Educational Qualifications

Under Graduate

Graduate

Post Graduate

Occupation Details

Occupation

Salaried

Self-employed

Housewife

Unemployed

Others

Monthly Income

Exact Nature of Job

Industry

Policy Details

Term of Policy 5 years 10 years 15 years

Annual Premium in AED or US\$

Premium Paying Frequency Monthly Quarterly Half Yearly Yearly

Preferred Mode of Payment Cash Cheque Credit Card

Credit Card No.

Monthly mode is accepted only through credit card.

CW No.

Last 3/4 digit number on the signature panel (back side) of your credit card

Bank Name

Expiry Date of Credit Card M Y

Declaration of good health

Yes No

a) Have you ever had a heart condition, diabetes, a stroke, cancer suffering from HIV infection or AIDS?

b) Have you been absent from work or taken leave for more than 10 days on health grounds over the last one year?

If yes to a or b, please state details.

Details of Beneficiary

Name of Beneficiary

Relationship

Authorisation

As the Proposed Insured, I authorise any Physician, Hospital, Clinic, Insurance company or other organisation, institution or person having any records or knowledge of me or any family members to be covered, or of our health, to give Oman Insurance Company, Dubai-UAE any and all information about us with reference to our health and medical history and any hospitalisation, advice, diagnosis, treatment, disease or ailment. A photocopy of authorisation shall be as valid as the original. I also authorise Oman Insurance Company to debit my Bank Account/Credit Card in accordance with the preferred mode of payment towards due premium.

Declaration

The Proposed Insured, represent to the best of his knowledge and belief, that all statements and answers given in this application are true, complete and correctly recorded, and expressly agree as follows; (1) This application together with those in any required medical examination, questionnaire or amendments shall be the basis for any policy issued on this application (2) Except as otherwise provided in the conditional receipts, if required with the same number of this application, any policy issued on this application shall not take effect unless all of the following conditions are met; (a) The full premium is paid (b) All of the statements and answers given in this application continue to be true and complete as of the date of delivery of the policy (3) No information acquired by any representative of the company shall be binding upon the company unless set out in writing in this application (4) No agent or medical examiner is authorised to accept risks or to make, modify or discharge any contract of the insurance or waive any of the company's rights or requirements (5) Acceptance of policy issued on this application shall constitute a ratification of any modification made by the company as recorded under Home Office endorsements, except that in those states where it is required by law, any change in amount, classification, plan of insurance or benefits shall be subject to written ratification by the proposed Insured or Applicant. The proposed insured accepts the consequences of any political risks associated with the de-pegging or revaluation of the UAE Dirham vis-a-vis the US\$.

Proposer Signature



شركة عتبات للتأمين (ش.م.ع.)
Oman Insurance Company (PSC)



FAMILY SHIELD



CORPORATE &
INVESTMENT BANKING