



TRAVEL INSURANCE PROPOSAL

If, in answering any of the questions, there is insufficient space please attach a separate sheet. All material facts must be disclosed. Failure to do so may invalidate any insurance policy. A material fact is one which is likely to influence an insurer in the assessment and/or acceptance of the proposal. If you are unsure as to whether a fact is material or not, it should be disclosed to the insurer.

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

1. PERSONAL DETAILS			
a)	First Name		
b)	Family Name		
c)	Date of Birth		
d)	Nationality		
e)	UAE ID Number		
f)	Passport Number		
g)	Residential Address:		
h)	E-mail address		
i)	Mobile Phone Number		
j)	Names and contact details of Beneficiary if different from above details.		
2. TRAVEL DETAILS			
a)	Please provide the details of other travellers		
	Name	Date of Birth	Relationship
			Passport Number
b)	What type of cover is required?	Single Trip Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c)	For Single Trip please provide dates of travel:		
d)	Please indicate the areas of travel as below		
	Territory		
i.	GCC, Lebanon & Jordan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii.	Worldwide including USA & Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii.	Europe, Indian sub-continent & Philippines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iv.	Rest of the World	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e)	Please indicate if you or any of the travellers will be participating in any of the following sports during the trip:		
	Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i.	Winter Sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii.	Water Sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii.	Other hazardous activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f)	Are you or any other to be insured suffering from any medical condition or illness, or had any medical treatment in the last 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please provide details		



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3. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

4. DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this proposal does not bind the undersigned to effect insurance, the undersigned agrees that this proposal and its attachments shall be the basis of the contract should a policy be issued and shall be attached to and form part of the policy. The company is hereby authorised to make any investigation and inquiry in connection with this proposal that it deems necessary.

Stamp	Authorised Signatory	Date
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For RAK Insurance Use Only:

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent: