



الشركة الوطنية للتأمينات العامة (ش.م.ع.)
NATIONAL GENERAL INSURANCE CO. (P.S.C.)

TRAVELNET PROPOSAL FORM

- Name in full : Mr./Mrs./Miss _____
Date of Birth : _____
Address : _____
Tel. No: _____ Fax No: _____
- Names & Ages of each member if travelling in a Group:
 - _____
 - _____
 - _____
 - _____
- Date of Commencement of Holiday : _____
- Period of insurance required: 7 days 14 days
(Maximum Period 90 days) 28 days __ days
- Do you require insurance for: USA & CANADA EUROPE ONLY
 GCC REST OF THE WORLD
- Have you or any member of your group been declined for insurance or had any insurance cancelled or renewal refused or accepted at special terms? YES NO
If YES, please give details: _____
- Please give the name and address of your medical practitioner or hospital where your medical records are kept. _____
- Please give details for yourself and members of your group of any medical condition for which treatment has been received as an in-patient or out-patient or intermittent or recurring illness during the last 12 months.

Name	Nature of illness / Disability	Treatment received	Period of Disability / Treatment			Present state of health in this respect	Any foreseeable need for further consultation / treatment in this respect
			Month	Year	Duration		

9. **DECLARATION:**

- I hereby declare that to the best of my knowledge & belief:
 - There are no circumstances which will render my holiday abnormal.
 - All members of my group including myself are in good health and free from any physical defect or infirmity at the time of effecting this insurance.
 - There are no reasons of which I am aware why the planned holiday should be cancelled or curtailed.
- I hereby authorise the company to obtain further information from my medical practitioner or hospital in the event of a claim under Section I (Personal Accident) and/or Section II (Medical Expenses).
- I agree that this proposal will form the basis of contract between me and the Company and I and members of my group shall abide by the terms and conditions of the policy which will be issued.

Date : _____

Signature : _____