

Annexure - A



**Product Details**

- Worldwide Excluding USA, Canada, Australia & Japan
- Worldwide Including USA, Canada, Australia & Japan

**Product Plan**

- Basic**  
\$15,000
- Standard**  
\$35,000
- Gold**  
\$70,000
- Platinum**  
\$100,000

**COVID 19**

**Coverage**

- Individual
- Family

**Travel Details**

Country of Visit: \_\_\_\_\_  
 Period of Journey: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Total Number of Days: \_\_\_\_\_  
 Purpose of Visit: \_\_\_\_\_

**Personal Details:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth (Day/ Month/ Year): [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Passport Number: \_\_\_\_\_  
 CNIC Number (Self): \_\_\_\_\_  
 CNIC Issue Date: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address ((Home/Office): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Province: \_\_\_\_\_ City: \_\_\_\_\_  
 Mobile No: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Beneficiary Details:**

Beneficiary Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CNIC Number (Beneficiary): \_\_\_\_\_  
 CNIC Issue Date: \_\_\_\_\_

**Family Details: (If Traveling)**

Number of Family Members Travelling: \_\_\_\_\_  
 Name of Spouse: \_\_\_\_\_  
 Date of Birth (Day/Month/Year): [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Passport No.(Spouse): \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Child (1): \_\_\_\_\_  
 Date of Birth (Day/Month/Year): [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Passport No.: \_\_\_\_\_  
 Name of Children (2): \_\_\_\_\_  
 Date of Birth (Day/Month/Year): [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Passport No.: \_\_\_\_\_  
 Name of Children (3): \_\_\_\_\_  
 Date of Birth (Day/Month/Year): [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Passport No.: \_\_\_\_\_  
 Name of Children (4): \_\_\_\_\_  
 Date of Birth (Day/Month/Year): [ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Passport No.: \_\_\_\_\_

**Declaration:** I/ We hereby declare that I/we being the beneficiary (ies) of the travel insurance policy that all declarations are true and after reviewing the policy terms & conditions I /we agree and confirm its contents. Furthermore, I/we confirm my (our) declaration that all preexisting cases are not covered by this insurance and coverage is valid only outside my (our) country of residence and my (our) insurance is not by any mean an authorization to seek treatment abroad. I (we) agree that this insurance cannot be cancelled or amended after its risk inception or commencement of travelling.

**Note:**

1. Copy of CNIC and Passport (First page) must be submitted along with this application form
2. Application form should be duly completed and signed by the applicant (s)
3. This insurance is valid if purchased before commencing the Trip and the Trip has commenced from Pakistan during the period of insurance
4. All the above mentioned product plans meet Schenghen Countries' requirement except Basic Product Plan

\_\_\_\_\_  
 Applicant's Signature