شركة البحيرة الوطنية للتأمين
Al-Buhaira National Insurance Co.
Head Office: Al Buhaira Tower, Corniche Road, Khalid Lagoon, P.O. Box: 6000, Sharjah, UAE.
Call: 600 548283, Fax: +971 6 5748855, Email: personallines@albuhaira.com, Website: www.albuhaira.com

TRAVEL INSURANCE PROPOSAL FORM

Insured Details

First Name	Middle Name		Last Name
PO Box:	Emirate:		Mob: Tel: Fax: Email ID:
Male ☐ Female ☐	Date of Birth	Age	Nationality:
Passport no:			

Travel Details

Product:	☐ Individual	☐ Family
Travel dates	From:	To:
Period of Travel:	☐7 Days ☐14 Days ☐21 Days ☐30 Days ☐45 Days ☐60 Days ☐90 Days ☐120 Days ☐150 Days ☐180 Days	
Single Trip: ☐Yes ☐No	Annual Trip: ☐Yes ☐No	
Plan: ☐ Gold	☐ Silver	☐ Bronze
Territorial Limits:	☐ Schengen + UK ☐ Schengen only	☐ Worldwide Including USA/CANADA ☐ Worldwide Excluding USA/CANADA

Optional Cover: (Additional premium will apply)
Winter Sports Cover : ☐Yes ☐No Terrorism Extension : ☐Yes ☐No

Additional Members

Full Name	Passport No.	Nationality	Gender (M/F)	Date of Birth	Age

Name of the beneficiary:
Relationship :

Declaration

I/we hereby declare that to the best of my/our knowledge:

(i) I/we have read and agreed to the terms and conditions of the policy
(ii) All insured persons are in good health

Signature ____________________ Date ____________________

Required documents: **Passport Copy & Valid U.A.E. Residence Visa Copy**.