



الشركة الإسلامية العربية للتأمين (ش.م.ع.)
ISLAMIC ARAB INSURANCE CO.(P.S.C.)

TRAVEL INSURANCE SCHEDULE

Policy Active :

Policy Ref No.

Total Premium

INSURED INFORMATION

Family or Individual:	First Name:
Last Name:	Date of Birth:
Gender:	Mobile Number:
Email-Id:	Passport No.:
Country of Passport:	Expiry Date:
Residence Address:	City:
P.O.Box:	Country:

SELECT THE ZONE TO BE VISITED

Travel Destination:	Number of Days Travelling:
Departure Date:	Return Date:
Select Zone:	

BENEFICIARY DETAILS

Relationship:	Gender:
First Name:	Last Name:
Date of Birth:	Passport No.:
Passport Expiry Date:	Country of Passport:

Authorised By

SALAMA Insurance Company