



# TRAVEL INSURANCE SCHEDULE

Dear User

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**

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**800 SALAMA (800 725262)**



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