

OMAN UNITED INSURANCE COMPANY SAOG

RO 32 RO 36 RO 44

Safe and Secure

Sultanate of Oman

Proposal form for Insurance under Himayah Plan

		(To b	e fil	led in b	y the life t	o k	e assu	red who is	abo	ve 18	3 years but	not	more	than 59 ye	ars))		
Na	me c	of the	Pro	poser:						ID No:								
Ad	dres	s for	Corr	espon	dence: Pos	t B	ox No:			P.C Sultanate of Oman								
Tel	epho	one:	Offi	ce		.Re	sidenc	e		Fax Fax								
Do	mest	tic Sta	aff N	Name:						Male/Female								
Na	tiona	ality			Passpo	ort,	[/] Resido	ent Card N	lo	Date of Birth								
		•			•													
										•	ption ment			low:				
Term : 1 Year										Term : 2 Years								
4 I	RO 30			ΑII	RO 24		A III	RO 16		АΙ	RO 60		ΑII	RO 48		A III	Ī	
3 I	RO	32		BII	RO 28		B III	RO 18		ВΙ	RO 64		BII	RO 56		B III		
CI	RO	38		CII	RO 32		C III	RO 22		СІ	RO 76		CII	RO 64		C III		
	a) During the past 5 years, have you been absent from work due to illness or injury for more than 30 consecutive days? Yes No No No Have you ever suffered from any mental illness? Yes No Have you ever had any hospital or clinic investigation or treatment or operations? Yes No If answer to the any of the above is "Yes" please mention complete details																	
	<u>Declaration</u>																	
	We hereby declare that the answers given above are true and complete and will form the basis of the life insurance contract. We authorize doctor or hospital to disclose information related t my physical or mental health including results of any tests to the Insurance Company. I further understand that failure to disclose material information could render this insurance cover invalid. Dated														lated to	,		
		Sign	atur	e of Lif	e to be ass	sur	ed / do	mestic sta	aff		Signati	ure	of the	proposer /	sp '	onsor		

I have explained the contents of this proposal to the life to be assured in his / her language.