



TRAVEL PAL

Overseas Travel Takaful Proposal Form

Branch

M.E. Code

Please note that no cover is in force until this proposal has been accepted by the company in writing and the takaful contribution has been paid. Copy of the passport should be attached to this proposal.

	1. Name of all persons to be covered	Passport No.	Date of Birth			Is the traveler presently in good health?	
			Day	Month	Year	Yes	No
a)	<input type="text"/>	<input type="text"/>	-	-		<input type="checkbox"/>	<input type="checkbox"/>
b)	<input type="text"/>	<input type="text"/>	-	-		<input type="checkbox"/>	<input type="checkbox"/>
c)	<input type="text"/>	<input type="text"/>	-	-		<input type="checkbox"/>	<input type="checkbox"/>
d)	<input type="text"/>	<input type="text"/>	-	-		<input type="checkbox"/>	<input type="checkbox"/>
e)	<input type="text"/>	<input type="text"/>	-	-		<input type="checkbox"/>	<input type="checkbox"/>

2. Permanent Address (of Primary Proposer)

3. Contact details : Mobile e-mail

4. Cover Type : Single Trip (Covers only one overseas trip, but not exceeding 120 days)
 Multiple Trip (One year cover; but not exceeding 120 days overseas stay in total during the period of one year)

5. Scheme Required : Scheme 1 Scheme 2 Scheme 3 Scheme 4

6. Period of Trip / Cover : From Day Month Year To Day Month Year

7. Details of Journey :

a) From : **Sri Lanka** To

b) Other Destination on Route:

c) Purpose of Visit (Please tick the relevant box)

Holiday Conference / Seminar Exhibitions / Trade Fairs
 Training Study Business

Others (please Specify)

8. Details of the Medical treatment obtained during the last 12 months. (in respect of all persons to be covered)
 Use a separate sheet if necessary.

(a) Details of Sickness / illness



(b) Name & Address of the Doctor [in respect of above (a)]

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(c) Name & Address of the Family Doctor

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9. Have you or any person proposed for cover under this proposal ever made a claim under any Accident, Sickness, Medical Expenses or any other section of the Certificate? Yes No If yes, please give particulars.

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10. Has any Insurer/Takaful Operator declined or imposed special terms for you or any person proposed under this proposal, in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance? Yes No If yes, please give details.

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MEDICAL HISTORY

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this proposal and, if you are in any doubt as to whether any facts are material, you should disclose them. This applies even if professional advice has not been sought. Examples are varicose veins, allergies, backache, bunions, piles, gynecological problems (including any irregularities of menstruation), any ear, nose or throat problems or any pains, swellings or lumps.

DECLARATION

I hereby declare that the above answers are true and complete and that I have withheld no information whatever material to this proposal. I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between me and AMANA TAKAFUL. If the answers now given by me cease to be true and/or complete I undertake to give immediate written notification to the Company.

I agree on behalf of myself and the other Proposer's named in this proposal that in the event of any incorrect statements having been made in respect of the foregoing averments, this Certificate shall be null and void, and no benefit shall be payable thereon.

I further agree to accept the usual form of policy issued by the Company subject to the terms and conditions therein contained

I/We hereby agree that the takaful contribution which I/We undertake to pay to Amana Takaful PLC (the Company) as Tabarru (donation) be credited into the Takaful Fund for the company to manage the various schemes of takaful under the General Takaful Business and pay Takaful Benefits to the participants as expressed in the Terms and Conditions of this takaful Contract. I/We agree that the Company takes 40% of the Takaful Contribution as their fees for managing the above Takaful Operations. I/We also agree that the Company invest the said fund in a manner deemed fit by the Company and the profit from investment if any be shared in proportion of 50% to the takaful fund and 50% to the Company on the basis of Al-Mudharaba. Losses if any will be borne solely by the takaful fund.

If there is a surplus from the fund after payment of benefits to any participant who shall be entitled to such benefits under the said takaful contract and deducting the costs related to the fund, the same shall be distributed on pro rata among the participants, provided always that they have not incurred any claim and/or received any benefits under the said takaful contract whilst the same is in force.

Date:	Day	Month	Year	Proposer's Signature:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	