



Quotation Acceptance Form Individual & Family Healthcare Insurance

To,
Oman Insurance Company
Health Insurance Department
PO Box 5209
Dubai, UAE

Dear All,

This is to inform you that I have received your

<input type="checkbox"/> Quotation Number		Dated		<input type="checkbox"/> Product Details
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I confirm that I have read and understood all the terms and conditions including exclusions attached thereto.

Main Exclusions		
Pre-existing	Chronic conditions	Maternity Benefits
Dental Treatment	Sight Testing	Optical Appliances

Main Condition
Outpatient benefit will be on reimbursement basis (i.e. First pay and then claim)
Inpatient benefit will be on direct billing basis.

I have selected the following options and accordingly request you to proceed with issuance of policy and medical cards:

UAE only	GCC & SE Asia	World Wide (Excl. USA & Canada)	World Wide (Incl. USA & Canada)			
Restricted <input type="checkbox"/>	Comprehensive <input type="checkbox"/>					
Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>	Plan 4 <input type="checkbox"/>	Plan 5 <input type="checkbox"/>	Plan 6 <input type="checkbox"/>	Plan 7 <input type="checkbox"/>

I understand in case of cancellation of policy requested from my side, the company has the right to apply the cancellation terms as per the terms & conditions.

Name of the policy holder			
Date		Proposer's Signature	