



National Insurance Company Limited

(Owned by the Government of Pakistan)

Form: TIC-02

CARTIFICATE NO: NICL/TIC/...../20__

ON POLICY NO

CERTIFICATE OF TRAVEL INSURANCE (INCLUDING TERRORISM COVER) FOR VISITING FOREIGN BUYERS OR THEIR FOREIGN AGENTS

Name of Insured: Father's Name:

Nationality: Address:

Type of Cover: Classic Superior Premier

Sum Insured: US\$

Risk Covered: ACCIDENTAL DEATH, TOTAL PERMANENT DISABILITY, REPATRIATION,
EVACUATION AND MEDICAL EXPENSES.

Period Covered: To

We, hereby certify that this certificate is evidence of insurance cover under the terms and conditions of the above mentioned policy.

Disclaimer:

This certificate is intended for the above named insured, if you are not the intended insured you must not copy this certificate or any part of it or otherwise disseminate or disclose any information, contained therein or take any action in reliance on it. All such actions shall be strictly invalid.

NICL do not accept liability for any corruption, delay, interception or unauthorized amendments of the certificate.

For and on behalf of
National Insurance Company Limited



National Insurance Company Limited

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Form: TIC-03

PROPOSAL FORM FOR TRAVEL INSURANCE

Please fill in the fields and fax it at +92-51-9216424 or E-Mail us at nazim.latif@nicl.com.pk ,
khurram.irshad@nicl.com.pk

1. You are applying as: Individual: Group (if applying in group please
Give separate details for each traveler
As per group Form in addition to this Form.

2. Name of Applicant (as on Passport): _____

3. Citizenship: _____

4. Passport Number: _____
(Please use additional sheet if more than one travelers are applying)

5. Organization: _____

6. Date / Place of Entry in Pakistan: _____

7. Flight Number: _____

8. Time to Arrival: _____

9. Date / Place of Exit from Pakistan: _____

10. Time of Departure: _____

11. Stay Duration in Days: _____

12. Number of travelers to be Insured: _____

13. Coverage Plan chosen (Please Tick)

a. Classic

b. Superior

c. Premier

14. Purposed of visit (Please Tick)

a. Govt. Delegates Official Trade Delegates

b. Business Travelers Tourists

15. Contact Information:

- E-Mail Address: _____
- Mobile #: _____
- Phone #: _____
- Fax #: _____

16. Nominee Name: _____

(Please use additional Sheet if there is more the one representative)

17. Nominee Address & Phone No. & E-Mail: _____

18. I declare that this information is true to the best or my knowledge

- Name: _____
- Signature: _____
- Date: _____

Group Form: -

Please fill in the fields and fax it at +92-51-9216424 or E-Mail us at nazim.latif@nicl.com.pk ,
khurram.irshad@nicl.com.pk

1. Name of Applicant (as on Passport): _____

2. Passport Number: _____

3. Nominee Name: _____
(Please use additional Sheet if there is more the one representative)

4. Nominee Address & Phone No. & E-Mail: _____



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Form: TIC-04

Claim Form

All Risks Cover – Travel Insurance

Policy No. _____

Claim No. _____

1. Name of Claimant _____

2. Full residential / Postal Address _____

3. Plan Selected _____

4. Purpose of Travel _____

a. Date of Travel _____

b. Date of Departure _____

c. No. of Days Stayed _____

d. Name & Address of Govt. Agency Hosting you _____

5. Date & Time of Accident _____

6. Exact Location _____

7. Nature of Injury / Sickness _____

8. Cause of Injury _____

9. Were the Police Notified _____

10. Contact Details of the Hospital or

Doctor whom you visited _____

11. Nature of Treatment Received _____

12. For How Many Days were you Hospitalized _____

13. Total Medical Cost so Far Incurred _____

14. Do you Anticipate More Expense, if so? Please Specify _____

I declare that all statements made on this form are true to the best of my knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as owner, mortgagee, trustee or otherwise.

Dated: _____

Insured's Signature _____