

When completed, please fax to:  
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شركة دبي  
 Via Dubai L.L.C.

**TRAVEL INSURANCE APPLICATION FORM**

<b>TRAVEL POLICY</b>		
Name of insured:	Date of Birth:	
Nationality:	Occupation:	
Address:	Tel. No:	
Name of Spouse:	Date of Birth:	
Name of Dependants:	Date of Birth:	
1. _____ :	_____	
2. _____ :	_____	
3. _____ :	_____	
4. _____ :	_____	
Name of Beneficiary:	Relationship:	
Address of Beneficiary:		
Departure Date: _____	Arrival Date: _____	Duration(no. of days):
Destination(s): 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____		
<input type="checkbox"/> I am not traveling to receive medical treatment, diagnosis or consultations. I have never been treated or advised that I have heart disease, abnormal blood pressure, kidney problem, etc  Medical History if any-		
Signature-	Date-	
Coverage is automatically cancelled in case of any declaration which contradicts with the above statements.		