عمـــان للتأميـــن
Oman Insurance

Proposal Form
Individual Enrollment - Healthcare Insurance

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The proposed life assured and policy owner are required to disclose all material information whether or not requested in this proposal form. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Client Details

Are you previously insured with Oman Insurance, if Yes, please provide policy number & expiry date — Yes ☐ No ☐

Title	Name	Nationality	Passport Number	Relationship	Date of Birth	Gender	Height	Weight	Visa Emirate

2. Contact Details

Email | Contact Number

Salary Above 4,000 — Yes ☐ No ☐ Owner/Partner ☐

3. Medical History

Have you or any person(s) you wish to insure ever suffered from any of the following.
Please answer 'Yes' or 'No' to all questions written below:

1. Do you have any Chronic conditions or has been diagnosed with Pre-existing conditions? Yes ☐ No ☐
   If yes, please specify condition/s and attach applicable test results (valid for 6 months)
2. Are you Pregnant? If yes, please continue below: Yes ☐ No ☐
   i. Is your pregnancy single or multiple? Yes ☐ No ☐
   ii. Is your current or previous delivery through cesarean? Yes ☐ No ☐
   iii. Are there any pregnancy complications? Yes ☐ No ☐
   If yes, please attach latest pregnancy report
3. Input Last Menstrual Date
4. Are you currently trying to get pregnant? Yes ☐ No ☐
5. Are you currently taking medications or advised to take any? Yes ☐ No ☐
   If yes, please attach your prescription copy (valid for 3 months)
6. Have you undergone surgery or advised to undergo a surgery? Yes ☐ No ☐

3. Medical History (continued)

If yes, you have undergone a surgery, please provide discharge summary if within 5 year period.
If planning to, please specify condition and surgery type.

7. Have you ever been treated or currently diagnosed with Cancer/Lump/Cyst/Tumor? Yes ☐ No ☐

   If yes, please attach medical supporting documents or a medical report indicating diagnosis, current health status & previous - present treatment plans.

8. Are you currently infected or got infected from any communicable or respiratory diseases (e.g. COVID-19...)? Yes ☐ No ☐

   If yes, please specify date it started & how long did it last

9. Are you currently having or had any signs, symptoms, sickness or medical complication/s during the past 2 years? Yes ☐ No ☐

   If yes, kindly provide details in the Remarks/Additional Information box.

10. Has any of your application for life, accident, critical illness or health insurance been declined, postponed or accepted on special terms? Yes ☐ No ☐

    If yes, kindly provide details in the Remarks/Additional Information box.

4. Declaration

I declare that I have clearly understood the terms and conditions of the product I am applying for and have clearly understood its features and benefits including the exclusions. I further declare that I have answered all the questions in this proposal form after clearly understanding them and that I have duly signed this proposal at required places. I confirm to have fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I declare that the answers given by me to all questions in the proposal form are true and complete in every respect and that I have not withheld any material information or suppressed any material fact. I undertake to notify Oman Insurance Company ('Company') of any change in any information given by me in this proposal form. I confirm that I clearly understand that in case of any misstatement, misrepresentation and/or suppression of any data and/or information and/or where I do not immediately inform the Company of any changes in information provided in this proposal form, the Company has the right to repudiate any and all claim(s) under any policy if issued based on this proposal form and/or at sole discretion of the Company to consider any issued policy based on this proposal form as cancelled or void. I hereby authorize Oman Insurance Company i) to contact me anytime and through any medium (phone, email, sms, telephone etc.) for purpose of obtaining more information about this proposal form and/or for keeping me informed about their other products and/or promotion activities, ii) to collect, store, process, share and transfer your personal data (including but not limited to your personal sensitive information) to to third parties including but not limited to reinsurers, surveyors, loss adjustors, loss assessors , IT service providers, claim administrators, medical providers, emergency support/assistance providers, professional advisors, consultants, auditors, additional administrative and/or support service providers, and other entities or persons , whether within or outside the UAE , as may be required in relation to underwriting/ issuing/administering / processing/ reinsuring your policy/ claims or as may be required by the Company including but not limited to for further product development/statistical analysis etc., or as may be required under law/regulatory requirements. I hereby also authorize my past/present employer/business associates, medical practitioner(s)/hospitals/laboratories/medical providers, insurance companies, financial institutions to release to Oman Insurance Company all details, records, facts and information (including medical details, KYC records, AML-CTF &FATCA details) as required anytime by Oman Insurance Company for assessment of risk and/or for processing of claims if subsequently an insurance policy is issued based on this proposal form. This proposal form shall be a part of the insurance policy in case of its acceptance by the Company.

I understand that I should be having DHA compliant insurance policy if I or my dependents are holding Dubai visa and a Department of Health, Abu Dhabi compliant insurance policy if I or my dependents are holding an Abu Dhabi/Al Ain Visa. I hereby agree to notify the company incase my visa changes during a policy year to be enrolled under an Insurance policy that is compliant with respective regulator.

4. Declaration (continued)

I understand and acknowledge any pregnancy not declared at the time of this application's coverage will be at the sole discretion of the insurer. The insurer has the right to not cover any maternity claims to any undeclared pregnancy. I also acknowledge and understand any pregnancy, which arises within forty calendar days from the date of this application; coverage will also be at the discretion of the insurer.

I acknowledge that no liability from the part of the Company shall be accepted against medical conditions existing or originating prior to the inception date of insurance policy if any issued, unless otherwise indicated on the Table of Benefits of my policy. Furthermore I understand and accept that failure on my part to notify the Company of any such existing medical conditions will be considered misrepresentation and will prejudice the acceptance of such claims by the Company.

Proposer's Name

Date (dd/mm/yy)

Proposer's Signature

Emirates ID Number

5. Remarks/Additional Information

Signature