



الفخم للتأمين والخدمات والإدارة ش.م.م  
**REGAL INSURANCE MANAGEMENT SERVICES LLC**  
Insurance Brokers وسطاء وسماسة التأمين

GROUP LIFE INSURANCE PROPOSAL

- 1) Name of the Insured :
- 2) Address including Telephone Numbers :
- 3) Business / Occupation of the Insured :
- 4) Number of employees to be insured :

(Detailed list of Employees to be submitted as per attached excel format).

- 5) Capital Benefit Proposed for Insurance :
- 6) Benefits (Please tick your options) :

(Benefit No.1 below is compulsory)

- a. Death by Any Cause / Death by Accident only / Death by Natural Cause only
- b. Death due to Accident (Double Benefit)
- c. Permanent Total Disablement 100% of the Sum Insured

Whether coverage required for "Own/Similar occupation" or "Any occupation".

- d. Permanent Partial Disablement (As per the continental Scale)
- e. Temporary Total Disablement – If opted for how many week 26 / 52 / 104

Time Excess Opted for TTD Sickness : 7days / 14 days / 28 days.

- f. Repatriation Expenses due to death & Total Disablement –  
Limit RO.\_\_\_\_\_.

- 7) For the above benefits, do you want to cover both for Accident & Sickness? :
- 8) Past Claim Experience for 3 Years:

Date:

Signature