

Travel Insurance Certificate

Agent Name ----- FNIL-HO/TI/CER/ / -

Agent ID ----- Date -----

Insured Name -----

NRC/Passport No. -----

Father Name -----

Address -----

Contact No./ Email -----

No. of unit & insurance value -----

Total Premium -----

Guaranteed trip -----

Warranty Period From ----- To -----

Used vehicle -----

Beneficiary Name -----

NRC/Passport No. -----

Father Name -----

Address -----

Contact No./ Email -----

Relationship -----

Due to the premium paid by the insured person, this insurance company promises to take responsibility for issuing it to insured/beneficiary in accordance with the accompanying provisions for joint benefits for loss of life, permanent disability and injury of the insured due to an accident during the insured period and during the insured trip.

Authorized person