

Personal Accident Takaful Plan Application Form

Personal details

Please tick (✓) the appropriate box and fill in the relevant information

First Name: _____ P.O. Box: _____ City: _____ Postal Code: _____
 Middle Name: _____ Building No.: _____ Street: _____ District: _____
 Last Name: _____ Home Tel No.: _____ Office Tel No.: _____
 Iqama/ID No.:
 Nationality: _____ Marital Status: _____ No. of Children: _____
 Date of Birth (dd/mm/yy):
 Occupation: _____ Gender: Male Female
 E-mail address: _____

Beneficiary details

Please fill in the information

Name of Beneficiary	Iqama/ID No.	Relationship	Percentage (%)

Coverage details

Please tick (✓) the appropriate box

Plan A: SAR 50,000 Plan B: SAR 100,000 Plan C: SAR 250,000 Plan D: SAR 500,000

Auto renewal

SABB Takaful can renew your Personal Accident Takaful Plan automatically upon expiry.

Do you wish to opt for this facility? Yes No

Payment details

Please tick (✓) the appropriate box and fill in the relevant information

Credit Card **Debit my account**
 Card No.: _____ Account No.: _____
 Card expiry date: _____ Bank Name: _____
 Card type: VISA / MasterCard / Others

Additional members to be insured

Please fill in the information of the additional members to be insured

First name	Last name	Relationship	Gender	Date of Birth	Plan

Declaration

I agree to subscribe to Personal Accident Takaful Plan and confirm that I have read and understood the terms, conditions and exclusions as set out in this Plan.

I authorise SABB Takaful to debit the above-mentioned bank account or credit card for the payment of my Plan's contribution amount.

I am also aware that any misleading or fraudulent misstatements made on my part, will result in the plan cover being voided by SABB Takaful.

Signature: _____ Date: _____