



شركة رتاج للتأمين التكافلي (ش.م.م.ع)
Ritaj Takaful Insurance Company (S.S.C.C)

نموذج طلب عرض سعر التكافل الجماعي

Quotation Request Form for Group Takaful Insurance

Company Name :إسم الشركة:

The Nature of Business :

.....:

Contact Name :Position Held :

Mobile :Tel :

E-mail :Fax:

Benefits:

☞ Sum Assured : ☐ 12 Months ☐ 24 Months

☐ 36 Months ☐ 48 Months

☞ Death Benefit : ☐ Natural ☐ Accident

☞ Ancillary Benefits :

☐ Permanent total disablement due to accident

☐ Permanent total disablement due to sickness

☐ Permanent partial disablement due to accident

☐ Total temporary disablement due to accident

☐ Workmen's Compensation Cover

☐ Medical Expenses due to accident

☞ Repatriation : ☐ Yes ☐ No.

☞ Profit Sharing : ☐ Yes ☐ No.

Other Requirement:

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24 ☐

48 ☐

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12 ☐ :

36 ☐

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Claim History:

<u>Year</u>	<u>Amount</u>	<u>No.</u>	<u>No. of Claimants</u>
- 2001
- 2000
- 1999

Details of any claims over KD 5,000 and their status

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Data to be provided along with this form:

List Containing: (Saved In a floppy disk if it is possible)

- 1- Name of Employee
- 2- Date of Birth
- 3- Occupation
- 4- Monthly Salary

Signed By Client:

Signed By Agent:

Date:

..... :

..... 2001 -

..... 2000 -

..... 1999 -

..... 5000

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.....)

(**Floppy Disk**

- 1
- 2
- 3
- 4

FOR OFFICE USE ONLY

Received Date: :

Remarks: :

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Presented Date: :