

Date: / / 2-----

## M/s Wethaq Takaful Insurance Company

### Greetings,

Kindly provide us with the offer price, according to the following data below..

Name: .....- Activity: .....

Address / Area: .....

Telephone: .....- Fax: .....

Person in Charge: .....- Mobil Number: .....

Type of requested insurance (Put an X on required)..

Business Interruption	<input type="checkbox"/>	Workmen Compensation	<input type="checkbox"/>	TPL - Marine	<input type="checkbox"/>
House Holder Comprehensive	<input type="checkbox"/>	Glass Plate	<input type="checkbox"/>	Marine Cargo	<input type="checkbox"/>
Banks	<input type="checkbox"/>	Electronic & Equipment	<input type="checkbox"/>	Contractors All Risk	<input type="checkbox"/>
Director' and Officers	<input type="checkbox"/>	Professional Indemnity	<input type="checkbox"/>	General Third Party Liability	<input type="checkbox"/>
Motor Comprehensive	<input type="checkbox"/>	Travel	<input type="checkbox"/>	Fire and Allied Perils	<input type="checkbox"/>
Private Personal Accident	<input type="checkbox"/>	Machinery Breakdown	<input type="checkbox"/>	Burglary	<input type="checkbox"/>
Driving License	<input type="checkbox"/>	Property All Risk	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>
Life	<input type="checkbox"/>	Erection All Risk	<input type="checkbox"/>	Fidelity Guarantee	<input type="checkbox"/>
Medical	<input type="checkbox"/>	Money	<input type="checkbox"/>		<input type="checkbox"/>

Location of the hazard to be insured

-----  
-----

Applicant

-----  
-----

Kindly send it to fax 22491280

شركة وثاق للتأمين التكافلي ش.م.ك. (مفصلة)  
Wethaq Takaful Insurance Company K.S.C.(Closed)

866662

