

Proposal & Acceptance Letter

To : Bayoni Commercial Est.

Address: 7283 empty al khubar ash shamal

Quotation No.: 14664492

Issue Date: 12-11-2020

We refer to your duly signed Proposal Form along with the signed Declaration Form for availing insurance cover from Tawuniya (hereinafter referred to as the "Company"/ "We"/"Us" as may be used interchangeably). Based on the said Proposal Form, we are pleased to inform you that your proposal for insurance has been accepted by us. Based on the underwriting policies of Tawuniya, we are pleased to offer our insurance services to you as per the below mentioned premium quotation:

1) As for the New born, they must be added within the first 30 days and after that all the new born approvals will not be accepted until they are added in the policy on retroactive basis from the date of birth .

2) Premium Table and Payment method:

Your total premium payment contribution without VAT shall be 37330.00

Value Added Tax(VAT) 15% With value 5599.50

Your total premium payment contribution shall be << 42929.50 >>

<< Forty-Two Thousand Nine Hundred Twenty-Nine Riyals And Fifty Halalas >>

The premium should be paid in advance.

Any additional premium for additions of members shall be paid directly.

Summary of proposed number of members and total premiums by class:

Program	No. of Employees	Total SR.	No. of Spouses	Total SR.	No. of Children	Total SR.	Total Members	Total SR.
Premier - A	0	0	0	0	0	0	0	0
Premier - B	0	0	0	0	0	0	0	0
Platinum - A	0	0	0	0	0	0	0	0
Platinum - B	0	0	0	0	0	0	0	0
Gold - A	0	0	0	0	0	0	0	0
Gold - B	0	0	0	0	0	0	0	0
Gold - C	0	0	0	0	0	0	0	0
Silver - A	0	0	0	0	0	0	0	0
Silver - B	0	0	0	0	0	0	0	0
Bronze - A	0	0	0	0	0	0	0	0
Bronze - B	0	0	0	0	0	0	0	0
Basic - A	27	28298	2	6953	2	2079	31	37330
Basic - B	0	0	0	0	0	0	0	0
Total	27	28298	2	6953	2	2079	31	37330

3) Policy Term:

The Policy term shall be valid for a period of 1 year from the risk commencement date. The Parties may wish to renew the policy subject to mutual agreement including but not limited to increased premium contribution as decided by the Company.

4) Quotation Validity

The offer shall be valid for a period of 30 days from the date of issuance of this Proposal and Acceptance Letter (hereinafter referred to as the "Letter").

Please confirm your acceptance of this Letter, Policy Schedule (medical benefits & exclusions), Unified Policy of Cooperative Medical Insurance ("Unified Policy") and Additional Terms and conditions (hereinafter collectively referred to as the "Documents") by signing and returning to us the enclosed copies and Declaration.

Please note that this Letter shall form part and parcel of the Documents. You are requested to duly sign and provide your acknowledgement of the acceptance of this Letter.

Yours faithfully,

For and on behalf of: **Tawuniya (The Company of Cooperative Insurance)**

Name: Fawaz Hassan Al Ghubari

Designation: Customer Services Executive

**DECLARATION**

I, the undersigned, do hereby declare and undertake that I have fully read and understood the contents of the Proposal and Acceptance Letter, Additional Terms and Conditions along with the Policy Schedule (medical benefits & exclusions) and Unified Policy appended hereto. I also undertake, on behalf of the Policyholder that it shall be the sole responsibility of the Policyholder to explain the contents and benefits under the policy to the beneficiaries. I hereby state that the same are acceptable to me and I hereby, agree and acknowledge by affixing my signature below on this Letter.

Accepted and confirmed for and behalf of:

Name : YANHA BAYOUNI

Date : 25/11/2020

Signature : 

Designation: C.F.O

Stamp



Proposal & Acceptance Letter

To : Bayoni Commercial Est.

Address: 7283 empty al khubar ash shamal

Quotation No.: 14666925

Issue Date: 15-11-2020

We refer to your duly signed Proposal Form along with the signed Declaration Form for availing insurance cover from Tawuniya (hereinafter referred to as the "Company"/ "We"/"Us" as may be used interchangeably). Based on the said Proposal Form, we are pleased to inform you that your proposal for insurance has been accepted by us. Based on the underwriting policies of Tawuniya, we are pleased to offer our insurance services to you as per the below mentioned premium quotation:

1) As for the New born, they must be added within the first 30 days and after that all the new born approvals will not be accepted until they are added in the policy on retroactive basis from the date of birth .

2) Premium Table and Payment method:

Your total premium payment contribution without VAT shall be 1553.00

Value Added Tax(VAT) 15% With value 232.95

Your total premium payment contribution shall be << 1785.95 >>

<< One Thousand Seven Hundred Eighty-Five Riyals And Ninety-Five Halalas >>

The premium should be paid in advance.

Any additional premium for additions of members shall be paid directly.

Summary of proposed number of members and total premiums by class:

Program	No. of Employees	Total SR.	No. of Spouses	Total SR.	No. of Children	Total SR.	Total Members	Total SR.
Premier - A	0	0	0	0	0	0	0	0
Premier - B	0	0	0	0	0	0	0	0
Platinum - A	0	0	0	0	0	0	0	0
Platinum - B	0	0	0	0	0	0	0	0
Gold - A	0	0	0	0	0	0	0	0
Gold - B	0	0	0	0	0	0	0	0
Gold - C	0	0	0	0	0	0	0	0
Silver - A	0	0	0	0	0	0	0	0
Silver - B	0	0	0	0	0	0	0	0
Bronze - A	0	0	0	0	0	0	0	0
Bronze - B	0	0	0	0	0	0	0	0
Basic - A	2	1553	0	0	0	0	2	1553
Basic - B	0	0	0	0	0	0	0	0
Total	2	1553	0	0	0	0	2	1553

3) Policy Term:

The Policy term shall be valid for a period of 1 year from the risk commencement date. The Parties may wish to renew the policy subject to mutual agreement including but not limited to increased premium contribution as decided by the Company.

4) Quotation Validity

The offer shall be valid for a period of 30 days from the date of issuance of this Proposal and Acceptance Letter (hereinafter referred to as the "Letter").

Please confirm your acceptance of this Letter, Policy Schedule (medical benefits & exclusions), Unified Policy of Cooperative Medical Insurance ("Unified Policy") and Additional Terms and conditions (hereinafter collectively referred to as the "Documents") by signing and returning to us the enclosed copies and Declaration.

Please note that this Letter shall form part and parcel of the Documents. You are requested to duly sign and provide your acknowledgement of the acceptance of this Letter.

Yours faithfully,

For and on behalf of: **Tawuniya (The Company of Cooperative Insurance)**

Name: Fawaz Hassan Al Ghubari

Designation: Customer Services Executive




DECLARATION

I, the undersigned, do hereby declare and undertake that I have fully read and understood the contents of the Proposal and Acceptance Letter, Additional Terms and Conditions along with the Policy Schedule (medical benefits & exclusions) and Unified Policy appended hereto. I also undertake, on behalf of the Policyholder that it shall be the sole responsibility of the Policyholder to explain the contents and benefits under the policy to the beneficiaries. I hereby state that the same are acceptable to me and I hereby, agree and acknowledge by affixing my signature below on this Letter.

Accepted and confirmed for and behalf of:

Name : YAHYA BAYOUNI

Date : 25/11/2020

Signature : 

Designation:

Stamp



Proposal & Acceptance Letter

To : Bayoni Commercial Est.

Address: 7283 empty al khubar ash shamal

Quotation No.: 14666927

Issue Date: 15-11-2020

We refer to your duly signed Proposal Form along with the signed Declaration Form for availing insurance cover from Tawuniya (hereinafter referred to as the "Company"/ "We"/"Us" as may be used interchangeably). Based on the said Proposal Form, we are pleased to inform you that your proposal for insurance has been accepted by us. Based on the underwriting policies of Tawuniya, we are pleased to offer our insurance services to you as per the below mentioned premium quotation:

1) As for the New born, they must be added within the first 30 days and after that all the new born approvals will not be accepted until they are added in the policy on retroactive basis from the date of birth .

2) Premium Table and Payment method:

Your total premium payment contribution without VAT shall be 11043.00

Value Added Tax(VAT) 15% With value 1656.45

Your total premium payment contribution shall be << 12699.45 >>

<< Twelve Thousand Six Hundred Ninety-Nine Riyals And Forty-Five Halalas >>

The premium should be paid in advance.

Any additional premium for additions of members shall be paid directly.

Summary of proposed number of members and total premiums by class:

Program	No. of Employees	Total SR.	No. of Spouses	Total SR.	No. of Children	Total SR.	Total Members	Total SR.
Premier - A	0	0	0	0	0	0	0	0
Premier - B	0	0	0	0	0	0	0	0
Platinum - A	0	0	0	0	0	0	0	0
Platinum - B	0	0	0	0	0	0	0	0
Gold - A	0	0	0	0	0	0	0	0
Gold - B	0	0	0	0	0	0	0	0
Gold - C	0	0	0	0	0	0	0	0
Silver - A	0	0	0	0	0	0	0	0
Silver - B	0	0	0	0	0	0	0	0
Bronze - A	0	0	0	0	0	0	0	0
Bronze - B	0	0	0	0	0	0	0	0
Basic - A	3	3543	1	3536	5	3964	9	11043
Basic - B	0	0	0	0	0	0	0	0
Total	3	3543	1	3536	5	3964	9	11043

3) Policy Term:

The Policy term shall be valid for a period of 1 year from the risk commencement date. The Parties may wish to renew the policy subject to mutual agreement including but not limited to increased premium contribution as decided by the Company.

4) Quotation Validity

The offer shall be valid for a period of 30 days from the date of issuance of this Proposal and Acceptance Letter (hereinafter referred to as the "Letter").

Please confirm your acceptance of this Letter, Policy Schedule (medical benefits & exclusions), Unified Policy of Cooperative Medical Insurance ("Unified Policy") and Additional Terms and conditions (hereinafter collectively referred to as the "Documents") by signing and returning to us the enclosed copies and Declaration.

Please note that this Letter shall form part and parcel of the Documents. You are requested to duly sign and provide your acknowledgement of the acceptance of this Letter.

Yours faithfully,

For and on behalf of: **Tawuniya (The Company of Cooperative Insurance)**

Name: Fawaz Hassan Al Ghubari

Designation: Customer Services Executive



DECLARATION

I, the undersigned, do hereby declare and undertake that I have fully read and understood the contents of the Proposal and Acceptance Letter, Additional Terms and Conditions along with the Policy Schedule (medical benefits & exclusions) and Unified Policy appended hereto. I also undertake, on behalf of the Policyholder that it shall be the sole responsibility of the Policyholder to explain the contents and benefits under the policy to the beneficiaries. I hereby state that the same are acceptable to me and I hereby, agree and acknowledge by affixing my signature below on this Letter.

Accepted and confirmed for and behalf of:

Name : YAHYA BAYOUNI

Date : 25/11/2020

Signature : 

Designation:

Stamp



Proposal & Acceptance Letter

To : Bayoni Commercial Est.

Address: 7283 empty al khubar ash shamal

Quotation No.: 14666923

Issue Date: 15-11-2020

We refer to your duly signed Proposal Form along with the signed Declaration Form for availing insurance cover from Tawuniya (hereinafter referred to as the "Company"/ "We"/"Us" as may be used interchangeably). Based on the said Proposal Form, we are pleased to inform you that your proposal for insurance has been accepted by us. Based on the underwriting policies of Tawuniya, we are pleased to offer our insurance services to you as per the below mentioned premium quotation:

1) As for the New born, they must be added within the first 30 days and after that all the new born approvals will not be accepted until they are added in the policy on retroactive basis from the date of birth .

2) Premium Table and Payment method:

Your total premium payment contribution without VAT shall be 20501.00

Value Added Tax(VAT) 15% With value 3075.15

Your total premium payment contribution shall be << 23576.15 >>

<< Twenty-Three Thousand Five Hundred Seventy-Six Riyals And Fifteen Halalas >>

The premium should be paid in advance.

Any additional premium for additions of members shall be paid directly.

Summary of proposed number of members and total premiums by class:

Program	No. of Employees	Total SR	No. of Spouses	Total SR	No. of Children	Total SR	Total Members	Total SR
Premier - A	0	0	0	0	0	0	0	0
Premier - B	0	0	0	0	0	0	0	0
Platinum - A	0	0	0	0	0	0	0	0
Platinum - B	0	0	0	0	0	0	0	0
Gold - A	0	0	0	0	0	0	0	0
Gold - B	0	0	0	0	0	0	0	0
Gold - C	0	0	0	0	0	0	0	0
Silver - A	0	0	0	0	0	0	0	0
Silver - B	0	0	0	0	0	0	0	0
Bronze - A	0	0	0	0	0	0	0	0
Bronze - B	0	0	0	0	0	0	0	0
Basic - A	7	9978	2	7249	4	3274	13	20501
Basic - B	0	0	0	0	0	0	0	0
Total	7	9978	2	7249	4	3274	13	20501

3) Policy Term:

The Policy term shall be valid for a period of 1 year from the risk commencement date. The Parties may wish to renew the policy subject to mutual agreement including but not limited to increased premium contribution as decided by the Company.

4) Quotation Validity

The offer shall be valid for a period of 30 days from the date of issuance of this Proposal and Acceptance Letter (hereinafter referred to as the "Letter").

Please confirm your acceptance of this Letter, Policy Schedule (medical benefits & exclusions), Unified Policy of Cooperative Medical Insurance ("Unified Policy") and Additional Terms and conditions (hereinafter collectively referred to as the "Documents") by signing and returning to us the enclosed copies and Declaration.

Please note that this Letter shall form part and parcel of the Documents. You are requested to duly sign and provide your acknowledgement of the acceptance of this Letter.

Yours faithfully,

For and on behalf of: **Tawuniya (The Company of Cooperative Insurance)**

Name: Fawaz Hassan Al Ghubari

Designation: Customer Services Executive

**DECLARATION**

I, the undersigned, do hereby declare and undertake that I have fully read and understood the contents of the Proposal and Acceptance Letter, Additional Terms and Conditions along with the Policy Schedule (medical benefits & exclusions) and Unified Policy appended hereto. I also undertake, on behalf of the Policyholder that it shall be the sole responsibility of the Policyholder to explain the contents and benefits under the policy to the beneficiaries. I hereby state that the same are acceptable to me and I hereby, agree and acknowledge by affixing my signature below on this Letter.

Accepted and confirmed for and behalf of:

Name : YAMN BAYOUNI

Date : 25/11/2020

Signature : 

Designation: C.F.O

Stamp

