

All: B

To: Italian Trade Agency

Amman Office

Mail: amman@ice.it

Financial Quotation

All prices/rates quoted must be exclusive in **JOD**

SIGNATURE AND CONFIRMATION OF THE RFQ

DESCRIPTION	Total Insured	Sum	General Conditions	Annual Amount
PERSONAL				
Reimbursement of Medical Expenses for Accident				
Case of death				
<u>Permanent Total Disability</u>				
<u>Permanent Partial Disability</u>				
<u>Temporary Total Disability</u>				
Ambulance charges for transportation of Insured person to Hospital following Accident				
Medical Expenses Extension:				
Hospital Confinement Allowance				
Reimbursement of medical expenses from injury at first absolute risk				
Dental expenses (up to 3 years from the accident)				
Ophthalmology expenses including lenses and frames (purchase e repair)				
Wheelchair rental / purchase				
Hospitalization per day (for 365 days)				
Day-hospital per diem (for 365 days)				
Aesthetic damage, disfigurement or scarring of the face				
Daily plaster / immobilization even without fracture or radiological report				

This quotation submission form **MUST** be duly completed and returned with the QUOTATION and technical specification of Insurance Policy.

The quotation "MUST" be signed and stamp from supplier. Failure to do so may result in disqualification of your QUOTATION.

Exact name and address of company

COMPANY NAME: _____

ADDRESS: _____

PHONE NO.: _____

E-MAIL ADDRESS _____

AUTHORIZED SIGNATURE

DATE:

NAME: (TYPE OR PRINT) FUNCTIONAL TITLE OF

AUTHORIZED SIGNATORY: