

Introduction

Welcome to the Online Policy Generation & Policy Renewal User Manual. This guide will help you understand and utilize the features and functionalities in policy creation. This manual will provide step-by-step instructions and tips to make your experience seamless.

System Requirements

Ensure your system meets the following requirements.

Operating System:

- Windows 7 or later
- Lunix
- Mac

Web Browser:

- IE 7+
- Chrome
- Firefox
- Safari

Get Started

- Open the Almadina Takaful website.
- https://www.almadinatakaful.com/
- Select the required policy category of your choice.
 - Motor Insurance
 - Travel Insurance
 - Domestic Helper Insurance
- (Based on policy selection, the upcoming screens will be customized.)
- Fill in the mandatory details required.
- Choose the Insurance Type
 - Third Party
 - Comprehensive
 - Policy Renewal

🕷 Home - Al Madina Takaful 🛛 🗙 🕂					- 0
O 🗱 almadinatakaful.com				¥ 0	New Chrome available
الـمـديـنـة تـكافـل Al Madina Takaful Oman's First Talaful Company	PERSONAL INSURANCE *	CORPORATE INSURANCE •	CLAIM •	EMPLOYEE LOG-IN	also .
		The Company 🔻	Know Takaful 🝷	Career - Contact Us	Downloads
		We Ge	COVER you et your Insurance	r RISK	f
		MOTOR INSURANCE	TRAVELINSURANCE	DOMESTIC HELPER INSL	
		License No.			
		Mobile No.	+968		
	Contraction of the second seco	Vehicle No.	.P C ▼		
		Insurance Type:	O Comprehensiv	e O Policy	r Renewal
				CETAQ	NOTE

	Your safety on the r	oad starts with us.
	Get your car insura	nce in 3 easy steps
would like to appl	y for 🔵 Comprehensive 🔵 Third	d Party 🔵 Policy Renewal
Policy No.	120000333	
POILCY NO.	12000333	
	0	R
Mobile No.	79913414	R ::

For policy renewal, enter the valid policy number to proceed with the policy renewals.

Policy can be renewed only if, Mulkiya expiry date is less than 30 days

الـمـديـنـة تـكافـل Al Madina Takaful

Oman's First Takaful Company

Vehicle Details				
Make : HYUNDAI		Model :		
Body : SALOON		Reg Type :	-	
Manufacture Year :	2016	First Reg Date	e:	
Driver D.O.B :		Seat :		
Chassis No : Killing Chassis No : Killing		Engine No : C		
Driver Age : 37				
Vehicle Value	0	Seat	Select	
First Reg Date		Model	Select	-
(Select V	Vehicle CC		

Verify the Vehicle Details based on the input provided in previous screen.

Before proceeding to next screen, it is required to fill up the additional details such as

- No of Seats
- First Registration
- Model
- Purchase Type
- Vehicle CC

- Choose the best price by selecting the best plan for policy for vehicle to drive in Oman Only or Oman & UAE.
- Select the required road assistance cover with Economy and Premium Cover Benefits.

Here's our best	rate just for you!
38.024 OMR Orran Only	40.163 OMR Oman & UAE
Oman Only	Oman & UAE
Third Party Bodily Injury + Third Party Property Damage TPPD	Third Party Bodily Injury + Third Party Property Damage TPPD
Medical Expense (First Aid)	Medical Expense (First Aid)
PAB - Driver	PAB - Driver
Storm, Tempest & Flood	Storm, Tempest & Flood
* All Tax included + VAT 5%	Geographycal Extension
	GOrange Card Cover
	* All Tax included + VAT 5%
Additional Protection	
Road Assistance Cover (Economy Cover)	
Road Assistance Cover (Premium Cover) No	



		on getting you	i insurance.
	38.02		
Please fill in the de	tails below.		
Your Name			
Email		Renewal Type	ROP Vehicle Renewal
Location	Choose Location 🔻	Nationality	Choose Nationality 🔻
Is the Vehicle Mort	gaged / Financed? No	eep them protecte	d as well
Is there anyon	e else ariving your venicler k		

Confirming the Details

- Personal and Vehicle summary details are displayed to confirm the user information provided.
- View Premium breakup details about your policy.

Your Vehicle Details Make & Model : HYUNDAN -2.0L Turbo Sport Booy : SALDON Manufacture Year : 2016 Driver D. 0. 8: 22/12/1986 Driver Age : 37 Chassis No :: Reg Type : RRIVATE First Reg Date : 15/12/2016 Seat: 6+1 Engline No : Common 4 Your Policy Detail Insure Name : main Insure Name : main Reference No : Common 4 Your Policy Detail Insure Name : main Terms and Conditions Policy End Date : 31/05/2025 11:59:59 PM Terms and Conditions Insure read and accepted the policy , Terms and Conditions In how read and accepted the policy : registered Email ID once payment transaction committee in part or full is incorrect, the policy stands invalid. Policy will invalid after 24 working hours. The Policy ocument will be sent to your registered Email ID once payment transaction committee in the policy integrate Email ID once payment transaction committee in the policy integration of the policy integrated based in the policy integrating integrated based	38.02 Oma	lease confirm your details
Make & Model : HYUNDAI - 2.0L Turbo Sport Body : SALDON Manufacture Year : 2016 Driver D.0.8 : 22/12/1986 Driver Age : 37 Chassis No :	Your Vehicle Details	
Manufacture Year: 2016 Driver D.0.8: 22/12/1986 Drive: Age: 37 Chassis No: 10 Reg Type: PRIVATE First Reg Date: 15/12/2016 Seat: 641 Engine No: 0 Your Policy Detail Insure Row	Make & Model : HYUNDAI - 2.0L Turbo Sport	Body : SALOON
Driver Age: 37 Chassils No: 5 Reg Type: PRIVATE First Reg Date: 15/12/2016 Seat: 6+1 Engline No: 5 Vour Policy Detail Insure Name: no. 4 Insure Name: no. 5 Reference No: 5 Policy Statt Date: 01/06/2024 12:00:00 AM Policy End Date: 31/05/2025 11:59:59 PM Terms and Conditions In aver read and accepted the policy . Terms and Conditions In Nue read and accepted the policy . Terms and Conditions Policy stands invalid. Policy will invalid. Policy will invalid after 24 working hours. The Policy occument will be sent to your registered Email ID once payment transaction competed Ducklaimer	Manufacture Year : 2016	Driver D.O.B : 22/12/1986
Reg Type : PRIVATE First Reg Date : 15/12/2016 Seat : 6+1 Engine No : 6 Vour Policy Detail Insure No : 6 Insure Name : nome Reference No : 10/06/2024 12:00:00 AM Policy End Date : 31/05/2025 11:59:59 PM Terms and Conditions I have read and accepted the policy , Terms and Conditions I have read and accepted the policy , Terms and Conditions I have read and accepted the policy registered Email ID once payment transaction completed Disclosing	Driver Age : 37	Chassis No : King Chassis No :
Seat: 6+1 Engine No: 61 accessent Your Policy Detail Insure Name ::::::::::::::::::::::::::::::::::::	Reg Type : PRIVATE	First Reg Date : 15/12/2016
Tour Policy Detail Reference No: Insured Name : no. Reference No: Policy Start Date: 01/06/2024 11:59:59 PM Policy End Date: 31/05/2025 11:59:59 PM Terms and Conditions Inave read and accepted the policy , Terms and Conditions Inave read and accepted the policy , Terms and Conditions Any Information submitted in part or full is Incorrect, the policy stands Invalid, Policy will it will date: 24 working hours. The Policy occument will be sent to your registered Email ID once payment transaction completed Disclaimer	Seat:6+1	Engine No : Galactica 4
Insured Name :	Your Policy Detail	
Policy Start Date: 31/05/2024 12:00:00 AM Policy End Date: 31/05/2025 11:59:59 PM Terms and Conditions I have read and accepted the policy , Terms and Conditions Any information submitted in part or full is incorrect, the policy stands invalid. Policy will a valid after 24 working hours. The Policy oocument will be sent to your registered Email ID once payment transaction completed Disclaimer	Insured Name : re,	Reference No :
Terms and Conditions I have read and accepted the policy , Terms and Conditions Any information submitted in part or full is incorrect, the policy stands invalid. Policy will it valid after 24 working hours. The Policy occument will be sent to your registered Email ID once payment transaction completed Disclaimer	Policy Start Date : 01/06/2024 12:00:00 AM	Policy End Date : 31/05/2025 11:59:59 PM
I nave read and accepted the policy , Terms and Conditions Any information submitted in part or full is incorrect, the policy stands invalid. Policy will it valid after 24 working hours. The Policy document will be sent to your registered Email ID once payment transaction completed Disclaimer	Terms and Conditions	
Any information submitted in part or full is incorrect, the policy stands invalid. Policy will it valid after 24 working hours. The Policy document will be sent to your registered Email ID once payment transaction completed Disclaimer	I have read and accepted the policy , Term	is and Conditions
The Policy document will be sent to your registered Email ID once payment transaction completed Disclaimer	Any information submitted in part or full valid after 24 working hours.	is incorrect, the policy stands invalid. Policy will be
Disclaimer	The Policy document will be sent to your completed	registered Email ID once payment transaction is
	Disclaimer	
Once the policy been purchased there won't be any refund.	Once the policy been purchased there won't be	any refund.

Before proceeding to the next step, if it is required to provide the vehicle Owner details before getting your insurance.

If you have appointed driver for the vehicle, it is required to provide the driver details

You're almost done, please confirm your de 38.024 OMR	etails
Decription	Amount
Third Party Bodily Injury + Third Party Property Damage TPPD	36.273
Medical Expense (First Ald)	3.000
PAB Excess Passengers	6.000
Emergency Fund	0.356
Regulations and Supervision Fee	0.213
Insurance Fund Fees for assistance injured	0.089
VAT on Policy(5%)	1.811
Special Discount	3.718
Special Discount	6.000
Net Premium to Customer :	38.024
ernis and conditions	
I have read and accepted the policy, Terms and Conditions Any information submitted in part or full is incorrect, the policy stan valid after 24 working hours. Policy document will be sent to your registered Email ID once npleted	ds Invalid. Policy will be payment transaction is
claimer	
ce the policy been purchased there won't be any refund.	
Payment Card Type	
Debit 🛑 Credit	

- Agree to the terms and conditions of AMI
- Agree with Self-confirmation. If the provided details are incorrect, the generated policy will become invalid.
- Choose the payment card type to proceed with unified payment gateway.



NBO

User Manual Online Policy Generation

MERCHANT : AL MADINA TAKAFUL INSURANCE TRACK ID : 16052024010230 AMOUNT : OMR 38.024

ENTER CARD NUMBER	MM/YY
CARD NUMBER	MM/YY
cvv	
CVV	
CARD HOLDERS NAME	
CARD HOLDERS NAME	

By clicking the "PAY" button, I confirm that I have understood and accepted the conditions.

Pay CANCEL
Please do not click Back button/Refresh the page / Close the window while the transaction is in process.

State of the transaction is in process.

Customer can make Payment through unified payment gateway, in which customer has an advantage of choosing credit card or debit card.



Thank you for choosing Al Madina Takaful. Drive worry-free with Al Madina Takaful's Motor Insurance

PAYMENT SUCCESSFUL

Policy No.		
Insured Name :		
Policy Start Date :	16/08/2024 12:00 AM	
Policy End Date :	15/08/2026 11:59 PM	
Amount Paid :	99.112	
Payment Status :	Successful	
Payment Ref No :	2004 Contractor (1997)	

The policy and tax invoice are sent to your registered email ID. You can also download the documents from the below tabs

Policy Renewal or New policy generation was successful. User can download Policy Certificate , Proposal form & policy wording from the screen.

In case of any problem in downloading policy documents, reach us at email: reachus@almadinatakaful.com Call Us: 80080808 WhatsApp: 7917 0007





PAYMENT FAILED

We're sorry, but your payment could not be processed.

Please check the payment information you entered and try again. If the problem persists, contact our support team for assistance.

Contact Support

User Manual Online Policy Generation

Policy Renewal or New policy generation failed Since payment was not processed.

Payment failed due to various reasons; you can contact AMI for support. Contact Support will take you to Feeback form.

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Online Travel Insurance

Now you avail your insurance in just few clicks. Choose your desired travel destination with mobile Number, number of adults and kids and days of travel.

المدينة تكافل Al Madina Takaful Oman's First Takaful Company	PERSONAL INSURANCE -	CORPORATE INSURANCE - CLAIM - EMPLOYEE LOG-IN
		The Company • Know Takaful • Career • Contact Us • Downloads We COVER your RISK Get your Insurance instantly
		MOTOR INSURANCE TRAVEL INSURANCE INS
		WORLDWIDE EXCLUDING US/CANADA BASIC COVER (FAMILY) SCHENCEN Mobile No.
		Length 1 adult · 0 children ≎ Days 7 ▼ CET MY QUOTE



User Manual

Online Policy Generation

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rance I Insurance					14.1 Sindb	T6 OMR ad Prestige	10.3 Sindb	95 OMR ad Regular	
You	u're just one step a	way fro	om aettina vo	ur insurance.	Need better peace-of-mind? We've got you covered				
	,,		5.57		Choose additional co	verage (if required)			
		4 17	COMP		COVID-19 Cover	No	Water Sports	No	
		Sindbad F	Prestige		Winter Sports	No	Terrorism	No	
					Sindbad Prestige		Sindbad Regular		
Please fill in the d	etails below.				Personal Accident \$5,000 for child up to	 \$50,000 for Adult and 16 yrs 	Personal Accident \$2,500 for child up to	- \$25,000 for Adult and 16 yrs	
Your Name	Enter your name				GMedical Expenses	\$500,000	GMedical Expenses -	\$250,000	
(Emergency Dental	- \$200	Emergency Dental	- \$100	
Email	Enter your email io	1			Medical transport	ation - Actual Cost	Medical transporta	tion - Actual Cost	
					Repatriation of Mo	irtal Remains - Actual Cost	Repatriation of Mo	rtal Remains - Actual Cost	
Cender	Select	▼	Civil Id	Enter civil id	Cancellation or Cu	rtailment - \$5,000	Cancellation or Cu	rtailment - \$2,500	
					Travel Delay - Upto	\$350	📝 Travel Delay - Up to	\$350	
Nationality	Choose Nationality.		Passport No	Enter passport no	☑ Delayed Baggage \$250	- Limit per insured person:	Velayed Baggage - \$250	Limit per insured persor	
Local Person I	Name Enter loc	al persor	name		VLoss of Baggage -	limit per Person: \$2,000	🖌 Loss of Baggage - L	imit per Person: \$1,000	
					Personal Liability -	\$50,000	Personal Liability -	\$25,000	
Local Person Mo	bile No +968				CLegal Assistance -	\$5,000	Clegal Assistance - S	2,500	
					Advance of Bail Bo	nd - \$10,000	Advance of Bail Bo	nd - \$5,000	
Address	Enter your sponser	address			Your Travel Inform	nation			
Date of Birth	Select DOB		Location	Choose Location 🔻	Departure				
L					Date	900 1000 II			

Select additional coverage, if required. We will make your travel worry free. Choose the best cover and check out the benefits and proceed to next page by providing the departure and Date Destination.



Draft of insurance is generated based on the data provided to us, Agree to our terms and conditions



	Decription	Amount	
	All Risks	14.764	
our Travel Polic	Insurance Levy	0.213	
ired Name :	VAT on Policy(5%)	0.675	2/24/2209/001198
cy Start Date :	2 Special Discount	1.476	9/05/2024
our Travel Sum	Net Premium to Customer :	14.176	
I confirm that th All members are I agree to the ca I have read and a is incorrect, the I	e policy taken is for Omani Nationals / traveling from and returning to Oman ncellation / amendment charges if the accepted the policy Terms and Condit policy stands invalid.	Legal Residents Of trip is cancelled o ions Any informa	f Oman r rescheduled ition submitted in part or ful
Policy document v	will be sent to your registered Email ID	once payment tra	insaction is completed
laimer			
the policy been	purchased there won't be any refund.		

Before proceeding to payment, it is required to agree to our terms and conditions. Checkout the Premium breakup and proceed to payment with our unified payment gateway by choosing the desired credit or debit card.



INSURANCE TRACK ID : 2005202408 AMOUNT : OMR 14.176	1643	Customer ca make Paymer
ENTER CARD NUMBER CARD NUMBER CVV CVV CARD HOLDERS NAME CARD HOLDERS NAME By clicking the "PAY" button, I c understood and accepted the co PAY	MM/YY MM/YY mm/YY mm/Y mm/Y	through unifie payment gateway, in which custon has an advantage of choosing crea card or debit card.

Once the payment is successful, you can have a policy certificate and other documentation ready to download.

	Oman's First Takaful Company
	Travel Insurance
Thank you Fly Safe with	u for choosing Al Madina Takaful. Al Madina Takaful's Travel Insurance.
PAY	MENT SUCCESSFUL
PAY	MENT SUCCESSFUL
PAYI Policy No.	
Policy No. Insured Name : Policy Start Date :	MENT SUCCESSFUL
Policy No. Insured Name : Policy Start Date : Policy End Date :	MENT SUCCESSFUL
Policy No. Insured Name : Policy Start Date : Policy End Date : Amount Paid :	MENT SUCCESSFUL 08/08/2024 12:00 AM 15/08/2024 11:59 PM 17.01
Policy No. Insured Name : Policy Start Date : Policy End Date : Amount Paid : Payment Status :	MENT SUCCESSFUL 08/08/2024 12:00 AM 15/08/2024 11:59 PM 17.01 Successful

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Call Us: 80080808 Whatsapp: 7917 0007





PAYMENT FAILED

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Contact Support

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Payment failed due to various reasons; you can contact AMI for support. Contact Support will take you to Feeback form.

reach us at email: reachus@almadinatakaful.com Call Us: 80080808 Whatsapp: 7917 0007



Domestic Helper Insurance

Now you can get hassle-free Domestic Helper insurance for your helpers.

الـمـديـنـة تـكافـل Al Madina Takaful Oman's First Takaful Company	PERSONAL INSURANCE -	CORPORATE INSURANCE ▼	CLAIM -	EMPLOYEE LOG-IN	عربی
		The Company • W	Know Takaful	• Career • Contact Us • your RISK nce instantly	Downloads f
		MOTOR INSURANCE DOMESTIC HELPER INS Mobile No.	TRAVEL INSURAN	CE	
		Helper	Selec	t	T
			Sele Houser House I Gardi	ct maid Driver ner	
		Medical Coverage		CET MY QUOT	E



Domestic Helper

Fill in your details and your domestic helper details in corresponding fields to proceed further.

Information provided for policy should match with your ID proof. Incorrect details provided may result in disqualification of Insured policy.

e-Insurance
Domestic Helper Insurance

Here's our best rate just for you!

Name		
Gender	Select	
Nationality	Choose Nationality Passport No	
Policy Start D	late	
Additional Pro	tection	
Additional Pro	sation Cover No	
Additional Pro orkmen Compen Sponsor Detail	tection sation Cover No	
Additional Pro orkmen Compen Sponsor Detail	tection sation Cover No	
Additional Pro orkmen Compen Sponsor Detail Sponsor Name	tection sation Cover No s Mobile	
Additional Pro orkmen Compen Sponsor Detail Sponsor Name Civil Id Email	tection sation Cover NO s Mobile	



عربى

Checkout the Premium breakup and proceed to payment with our unified payment gateway by choosing the desired credit or debit card.





V	uu're almost done, please cor	firm your	policy
	93.991 OMR	0	poncy
	Decription	Amount	
Your Policy Summ	Death Any Cause	13.923	
	Insurance Levy	0.069	
nsured Name : test	Special Discount	1.392	5/2026
Reference No :	Net Premium to Customer :	12.600	isor Email :
2/24/3302/001284	Group Medical Base Cover	46.900	veloper2@almadinatakaful.com
Sponsor Name : Test	GM -TPA (Medex)	7.000	
Health Statemen	AMI Loading Cover	26.100	
	Insurance Levy	1.205	
I am currently a	Policy Fee	1.000	ss or accident
Have not durin	VAT on Policy(5%)	3.876	ore than 15 days due to
sickness or accid		4.690	
✓ Have not been h	Net Premium to Customer :	81.391	onths
I do not intend	to engage in hazardous activities(e.	g scuba divi	ng) or fly other than as a
passenger on sc	heduled services		
I have never b infraction, respi	een treated nor i am currently und ratory disease, alimentarty disorder, i	ler treatment ulcer, nervou	t for high BP, myocardial s breakdown, slipped disc,
paralysis, coma	, diabetics, high cholestrol, tumour,	cancer or ar	y other serious illness or
infirmity			
tested/treated f	opeen tested positive for HIV/AIDS of other sexually transmitted diseases	nor I am aw	aiting the result of such a
test	,		
The Policy documer	nt will be sent to your registered f	mail ID onc	e payment transaction is
Disclaimer			
Once the policy been	purchased there won't be any refund.		
Payment Card Ty	pe		



MERCHANT : AL MADINA TAKAFUL INSURANCE	Customer can
TRACK ID : 20052024081643 AMOUNT : OMR 14.176	through unified payment
CARD NUMBER MM/YY CARD NUMBER MM/YY	gateway, in
	which customer has an
CARD HOLDERS NAME	advantage of
By clicking the "PAY" button, I confirm that I have understood and accepted the conditions. PAY CANCEL	choosing credit card or debit card.
Please do not click Back button/Refresh the page / Close the	

Once the payment is successful, you can download the policy certificate and other documentation from the link.



المدينة تكافل Al Madina Takaful Oman's First Takaful Company Domestic Helper Insurance

Thank you for choosing Al Madina Takaful. Get Protected with Al Madina Takaful's Domestic Helper Insurance.

PAYMENT SUCCESSFUL

Policy No.		
Insured Name :		
Policy Start Date :	16/08/2024 12:00 AM	
Policy End Date :	15/08/2026 11:59 PM	
Amount Paid :	99.112	
Payment Status :	Successful	
Payment Ref No :	2	

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