

PROPOSAL FORM FOR PERSONAL ACCIDENT

This proposal form should be completed and signed by the proposer. All questions must be answered. Use BLOCK letters or tick as appropriate.

Agency _____ Account Number _____

PROPOSER'S DETAILS

Part A

- 1. Name of Proposer: _____
- 2. Postal Address: P.O Box _____ Code _____ Town _____
- 3. Telephone/Mobile No. _____ Email address _____
- 4. Personal Identification No (attach a copy) _____
- 5. Date of Birth _____ Identity Card/Passport No.(attach a copy) _____
- 6. Profession/Occupation _____
- 7. Are you employed or self-employed? _____
Period of Insurance From _____ To _____

Part B

- 1. What actual duties do you perform? (If more than one, state all)

Tick against your description

- Office duties _____ Office duties with site visits _____
- Supervision and working _____ Commercial
traveller (sales person/driver _____ Manual worker _____
- Other (please specify) _____

- 2 . Do you suffer from:

(a) Any sight hearing or any other impairment? Yes/ No

If so explain briefly _____

(b) Have you ever suffered any serious injury or illness?

Yes / No

If Yes, give details. _____

(c) Are you at present in sound health and free of any physical disability?

Yes/No If not, give details _____

3. Do you engage in hazardous sporting activities or pastimes?

Yes / No If Yes, give details _____

Note: Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged: -

Aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football), hang gliding, wild hunting, ice hockey, motor racing, motorcycle cycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including judo, karate and any other unarmed combat, yachting outside territorial waters and any other hazardous occupations/activities.

4. Are there any circumstances relating with your occupation, health conditions, habits, pastimes and pursuits which would increase the risk of accident or bodily injury to yourself? Yes / No

If Yes, give details. _____

5. In your normal duties, do you use machinery of any kind? Yes / No

If Yes, give details _____

6. Do you have a Medical or have you previously had a Medical Insurance cover? Yes / No

If so please give details _____

7. Do you, in the course of your duties travel extensively by Air, Car or Motor

Cycle?

Yes / No

If so please explain _____

8. Named Beneficiary

Name _____ Age _____ Relationship to insured _____

Name _____ Age _____ Relationship to insured _____

If beneficiary is below 18 years, give name of appointed Guardian and address (Optional)

Please also give names of respective nominees:

PART C:

INSURANCE HISTORY

1. Do you at present hold or previously held a Personal Accident / Life Insurance Policy? Yes/No

If Yes, please give name of Insurer and Policy Number(s)

2. Has any Insurance Company ever;

- | | |
|-----------------------------------|--------|
| a) Cancelled your Policy? | YES/NO |
| b) Declined to insure you? | YES/NO |
| c) Declined to renew your Policy? | YES/NO |
| d) Imposed any special terms? | YES/NO |
| e) Declined any claim? | YES/NO |

If the answer for any of the above reasons is 'YES'. Please give details.



Part D:

BENEFITS SCHEDULE (Cover required)

EVENTS

BENEFITS PAYABLE

DEATH

PERMANENTDISABLEMENT

TEMPORARY TOTAL DISABLEMENT

(Earnings Per week)

MEDICAL EXPENSES

Declaration

I declare that the statements and particulars in this proposal are true to the best of my knowledge and that I have not mis-stated or concealed any material facts. I agree that this proposal and the details of information supplied by me shall form the basis of this Insurance.

Name _____

Signature _____

Date _____

Month _____

Year

20 _____

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the company.

