



PERSONAL ACCIDENT INSURANCE – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. FULL NAME OF PROPOSER: _____
2. ADDRESS: _____
3. OCCUPATION/BUSINESS: _____
4. TELEPHONE NO.: _____
5. EMAIL: _____

DETAILS ABOUT YOUR INSURANCE

6. If only one person is to be insured, kindly provide the following details:

- (i) Name _____
- (ii) Gender _____ (iii) Date of Birth _____
- (iv) Nationality _____ (v) Occupation _____
- (vi) Annual Salary _____ (vii) Sum Assured _____

7. If more than one person / employee is to be insured, please provide the following details: Name, Date of Birth, Gender, Nationality, Occupation, Annual Salary and Sum Assured on the supplementary sheet attached.

8. Do your person(s)/employee(s) to be insured engage in any other type of hazardous activities Yes No

If so, please give details;

9. Does any of the person(s)/ employee(s) to be insured have an existing accident insurance?

Yes No

If so please give details of Company and Sum Assured?



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10. Has any insurer ever;

(a) Declined or required special terms to insure you? _____

(b) Cancelled or refused to continue your insurance? _____

(c) Increased your premium on renewal? _____

11. State the amount of benefit required for;

Sum Assured

Death _____

Permanent Disablement _____

Temporal Total Disablement _____

Medical Expenses _____

PERIOD OF INSURANCE

Insurance to commence on _____ 20 ____ to _____ 20 ____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.



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Signing this proposal form does not bind the **INSURER** to complete this insurance.

Date: _____ **Signature:** _____

Agent /Broker: _____

NAME	DATE OF BIRTH	GENDER	NATIONALITY	OCCUPATION	ANNUAL SALARY	SUM ASSURED