

PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Profession or Occupation (Nature of business) _____

Period of Insurance: From _____ To _____

TIN Number _____ Age of proposer _____

ATTACH LIST IN CASE OF GROUP PERSONAL ACCIDENT AS FOLLOWS

FULL NAMES	OCCUPATION	ID NUMBER	AGE	ANNUAL EARNINGS/LIMITS
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CLASSIFICATION OF OCCUPATIONS

The premium to be paid is based primarily on occupations, which can be classified as under:

- Class I** Accountants, Medical Practitioners, Lawyers, Architects, Consulting Engineers, Teachers, Bankers, Persons primarily engaged in Administrative, Secretarial and Managerial Functions, Shopkeeper, Shop assistants not using machinery, Commercial Travellers and persons engaged in occupations of similar hazard.
- Class II** Builders, Contractors, Engineers engaged in superintending functions only, Veterinary doctors, Drivers of private motor cars and light vans and Persons engaged in occupations of similar hazard.
- Class III** All persons engaged in Manual Labour (except those listed in 4 - below), Cash carrying employees, Drivers of trucks or lorries and other heavy vehicles, Garage and Motor mechanics, Machines operators, Professional Athletes and Sportsmen and Persons engaged in occupations of similar hazard.
- Class IV** Persons engaged in Underground mines, Explosives factories, Woodworking machinists and Magazines, Workers in electric installations with high voltage supply, Circus personnel and Persons engaged in occupations of similar hazard.

BENEFITS AND PREMIUM RATES

		Limits
BENEFIT IN THE EVENT OF ACCIDENT CAUSING		
A	(i) Death (Capital sum insured) or	
B	Permanent total disablement (Percentage of capital sum insured)	
C	Medical expenses (Maximum amount as per policy)	

NOTE:

- No compensation shall be payable under more than one of items A(i), A(ii) and B.
- Benefits B and C can only be taken in conjunction with Benefit A.

PARTICULARS OF INSURANCE

- Have you ever previously held a Group Personal Accident policy?
If YES, please give name of insurers YES NO

- Are you currently insured for the type of cover proposed?
If YES, please give name of insurers YES NO

- Has any office of Insurance Company, or underwriter in connection with Accident, Sickness or Life insurance in respect of any person to be insured ever to your knowledge
 - Deferred a proposal? YES NO
 - Declined a proposal? YES NO
 - Refused to renew or terminate a policy? YES NO
 - Impose any special terms? YES NO
 - Repudiated any claim? YES NO

If the answer to any of the above is YES, please give details _____

CLAIMS EXPERIENCE

Give particulars of all accidents which have occurred during the last five years involving any person in the occupation for which insurance is required (whether claim lodged with insurers or not)

Date of accident	Nature of claim	Compensation amount claimed/received	Name of the company with which claim was lodged

COMPENSATION PAYABLE AS A PERCENTAGE OF SUM INSURED

	% of sum insured		% of sum insured
Permanent total disablement from attending to employment, occupation or business of any kind whatsoever	100	Loss of Index fingers	
Loss of two limbs	100	Three phalanges	10
Total loss of sight in both eyes	100	Two phalanges	8
Loss of sight in one eye	50	One phalanx	4
Loss of one limb above the ankle	50	Loss of middle finger	
Loss of toes – all	20	Three phalanges	6
Great, both phalanges	5	Two phalanges	4
Great, one phalanx	2	One phalanx	2
Other than Great, if more than one toe lost, each	1	Loss of ring finger	
Loss of hearing in both ears	50	Three phalanges	5
Loss of hearing in one ear	15	Two phalanges	4
Loss of one arm at/or above wrist	50	One phalanx	2
Loss of four fingers & thumb of one hand	42.5	Loss of little finger	
Loss of four fingers	35	Three phalanges	4
Loss of thumb both phalanges	25	Two phalanges	3
Loss of thumb – Both Phalanges	25	One phalanx	2
Loss of thumb – One phalanx	10	Loss of metacarpals	
		First or second (add)	3
		Third, Fourth or Fifth(additional)	2

DECLARATION

I/We hereby warrant that the above statements made by me/us or on my/our behalf are true and complete to the best of my/our knowledge and belief. I/We agree that this proposal shall be the basis of the contract between me/us and the company. I/We agree to accept a policy in the company's usual form for this class of insurance.

Date of proposal _____ Signature and stamp of proposer _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Authorised Person(s) signature

_____ Date _____