

PERSONAL ACCIDENT INSURANCE
PROPOSAL FORM

- 1) a) Name of the proposer in full (in block letters) _____
b) Address _____
- 2) a) Full name of the person to be insured _____
b) Address _____
c) Business or Occupation _____
d) What is your average monthly income? _____
- 3) Date of Birth _____
- 4) Have you any
a) Physical defect or infirmity? _____
b) Ill Health of any description, If so, please give details _____
- 5) Do you engage in
a) Any of the activities listed in exception (5) below? _____
b) Any other hazardous activities? If so, please give details _____
c) Do you wish to be covered against the above hazardous activities? _____
- 6) a) Are you now insured against accidents? _____
b) If so, please give the name of your insurer and the sum insured _____
- 7) Has any company
a) Declined to issue a policy to you? _____
b) Declined to continue your insurance? _____
c) Not invited the renewal of policy? _____
d) Imposed any restrictions or special conditions? _____
- 8) Have you claimed or received compensation under any accident or sickness policy? If so, please give full detail, of insurer, claim amount _____

- 9) a) State the sum insured required now _____
b) Whether medical expenses to be covered _____

I declare that the above answers are true to the best of my knowledge and belief, that I have disclosed all particulars affecting the assessment of the risk. I agree that this proposal and declaration shall be the basis of the contract between me and the company.

Date: _____

Signature: _____