

PROPOSAL FORM – GROUP/INDIVIDUAL PERSONAL ACCIDENT INSURANCE

- 1- Name of Proposer (in full): _____
 - 2- Address: _____
 - 3- Name and address of person to be insured (if different from proposer above): _____
- _____

(N.B. where the person to be insured is not the proposer , but a Company or Business all personal details must be completed by the person to insured . And the Declaration must be signed by both the proposer and the person to be insured).

- 4- Occupation (Please give full details: _____
- 5- Date of Birth: _____
- 6- Period of Insurance: From: _____ To: _____ (Both days inclusive)
- 7- Height: _____ Weight: _____

Have you consulted a doctor or medical attendant in
Connection with illness or accident during the last 5 years YES/NO

Have you ever suffered from any infection of the eyes, ears
Heart, from fits, paralysis, slipped disc or any other disorders
Of the back, nervous disorders, veins or any other mental or
Physical infirmities or defect? YES/NO

Are you now in poor health and/or do you suffer from any
Physical defect or infirmities? YES/NO

Are there any circumstances concerned with your occupation
Habits, pursuits, which render you especially liable to accidents YES/NO

Do you drive, or travel by, any motor vehicle other than a Public
Transport vehicle in connection with your occupation During
Working hours? YES/NO

Are you now insured or proposing to meet further insurance against
Personal Accident with this or any other insurer? YES/NO

Have you ever had a Personal Accident, sickness or life Assurance
Declined, terminated or subjected to special terms By any insurer? YES/NO

Have you ever had a Personal Accident, sickness or life Assurance
Declined, terminated or subjected to special terms By any insurer? YES/NO

(IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE GIVE FULL DETAILS SEPARATELY)

8- Please Complete the following as required:

Cover required (Please see definition of cover)	Please tick			Benefits selected	Premium
	A 24 HR	B Excl. WCA	C At Work Only		
1- Accidental Death					
2- Death and Permanent Disablement (Continental Scale)					

DECLARATION:

I / WE declare that the answers given in the proposal are true in the best of my / our knowledge and I / WE have withheld no information whatever which might influence the decision of insurer regarding the Proposal.

I / WE agree that Proposal shall be incorporated in and shall form the basis of the contract between the proposal and the insurer and a policy in the term issued by the Insurer for the insurance now proposed is acceptable .

I / WE agree to inform the insurer of any material in risk.

Signature (S): _____

Date: _____

N.B. Cover does not commence until the proposal is accepted the insurer and the first premium paid.