PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

WARNING: Pursuant to Section 37(4) of Insurance order 2006, or any subsequent amendments thereof, you are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know otherwise the policy issued hereunder may be void.

DETAILS OF PROPOSER

Name of Proposer: _____

NRIC/Passport No.: _____ Business or Profession/Occupation: _____

Address: _____

Home: _____ Office: _____ Mobile: _____ Fax: _____

Email: _____ Gender: Male [ ] Female [ ]

Date of Birth: _____ Marital Status: Single [ ] Married [ ] Other [ ]

Period of Insurance: From _____ To _____

Beneficiary: _____ Relation: _____ NRIC/Passport No.:_____

If Insured is a Company

Total Workforce: _____ Turnover / Year: B$_____ / _____

Sole Proprietorship [ ] Partnership [ ] Limited Company [ ]

Contact Person & Designation: _____

DESCRIPTION OF DUTIES

Duties with no manual work [ ]

Duties involving superintending work [ ]

Duties involving normal work without machinery [ ]

Duties involving manual work With machinery [ ]

I do not suffer from any of the following:

Impaired sight of hearing [ ]

Rupture (hernia) or varicose veins [ ]

Fits or blackouts [ ]

Nervous or recurring disease [ ]

Any other disease [ ]

Physical defect/bodily disability [ ]

Please specify and give details of any disease you are suffering.

Details of other policies & proposal for Accident, Sickness or Life Assurance:

Company	Sum Insured

Details of all accidents occurring if any.

Has any proposal on your life ever been declined or accepted on Special Terms or refused renewal or increased premium on renewal? If so, give details.

TABLE OF BENEFITS

BENEFITS	COST			
	FOR EACH AMOUNT OF	CLASS OF OCCUPATION		
		I	II	III
1. DEATH	B$10,000.00	B$5.00	B$7.50	B$12.50
2. PERMANENT DISABLEMENT	B$10,000.00	B$5.00	B$7.50	B$12.50
3. TEMPORARY TOTAL DISABLEMENT (per week)	B$100.00			
4. TEMPORARY PARTIAL DISABLEMENT (Weekly compensation at the rate of ½ the compensation payable in respect of 3)	B$50.00	B$20.00	B$27.00	B$40.00
5. MEDICAL EXPENSES (Limit Any One Accident)	B$ 500.00 B$1,000.00 B$2,000.00 B$3,000.00 B$4,000.00 B$5,000.00	B$ 8.00 B$12.00 B$20.00 B$25.00 B$30.00 B$34.00	B$10.00 B$15.00 B$25.00 B$30.00 B$35.00 B$40.00	B$16.00 B$22.00 B$33.00 B$41.00 B$48.00 B$54.00
6. EXTENSIONS - (a) Motorcycling (b) Repatriation Expenses – B$7,500.00	Additional 25% on Premium Payable Additional Premium B$20.00 per person			

OCCUPATIONAL CLASS

CLASS I
OFFICE AND EXECUTIVE PERSONNEL AND STRICTLY NON-HAZARDOUS OCCUPATION

CLASS II
NON-HAZARDOUS OCCUPATION INVOLVING CERTAIN ADDITIONAL EXPOSURES SUCH AS EXCESSIVE TRAVELLING, CONTINOUS OR FREQUENTLY FLYING, OUTDOOR DUTIES, ETC

CLASS III
OCCUPATIONS INVOLVING A LIMITED EXPOSURE TO OCCUPATIONAL HAZARDS SUCH AS SUPERVISORS OF MANUFACTURING, PLANTS, MANUAL WORKERS, CARPENTERS, ELECTRICIANS, ETC.

Benefits Selected	Sum Insured	For Office Use (Premium)
1. DEATH	**B$**	**B$**
2. PERMANENT DISABLEMENT	**B$**	**B$**
3. TEMPORARY TOTAL DISABLEMENT per week	**B$**	**B$**
4. TEMPORARY PARTIAL DISABLEMENT (Weekly compensation at the rate of ½ the compensation payable in respect of 3)	**B$**	**B$**
5. MEDICAL EXPENSES (Limit per Accident – may not be insured alone)	**B$**	**B$**
6. EXTENSION (a) Motor Cycling (b) Repatriation	 **B$** **B$7,500.00**	 **B$** **B$**

DECLARATION

I/We hereby apply for insurance as herein described and I/We warrant that the statements and particulars hereof are true and I/We agree that this proposal and declaration shall be of a promissory nature and effect and the basis of the contract between myself/ourselves and the Company, and I/We further agree to accept a policy subject to the usual provisions and conditions prescribed by the Company therein, and to pay the first premium thereunder when called upon to do so.

I/We confirm having read and understand the information contained in the Product Disclosure Sheet provided to me/us and/or available on the Company's website.

_____ _____

Signature of Proposer Date