



Personal Accident Insurance Proposal Form

(COMPLETE IN BLOCK LETTERS AS APPLICABLE)

Full name of proposer

Address of proposer Occupation

Telephone Mobile E-Mail

Date of birth Nationality Height(Metres) Weight(Kgs)

Do you travel by flights?: Regularly Irregularly

Do you drive automobile?: Yes No

Activity: Hazardous Less Hazardous Not Hazardous

Detail of any form of previous/present incapacitation:

Ordinarily enjoy good health: Yes No

Ever suffered from any life threatening disease(s) Yes No

If yes ,what is the nature?

Declaration:

I agree that the foregoing information are provided having fully subscribed to the standard terms, conditions, clauses, exclusions and warranties of the insurance and that this proposal shall be the basis of a contract of insurance.

Yes

No

Date.....

Signature of Proposer.....

The Insurance will not commence until the Proposal has been accepted in writing/e-mail and the Premium paid. A copy of the Policy wording is available for download on request.