

INSURANCE COMPANY.....

PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

Note:- Please give a definite answer to each question – ticks or dash are not sufficient.

1. Name of Proposer name (in full) _____
2. Postal address _____
3. Business or Occupation _____ Tel No _____
4. Delete descriptions that do not apply to your Occupation. Superintending and Occasionally working manually /Working Manually/Clerical duties only/Using Machine/Not using Machinery.
5. Date of birth _____ 19 ____ Height _____, Weight _____

6. Please give details of the illness or accidents in connection with which you have consulted your Doctor during the last 10 years	Nature of illness	Date	Duration

7. Have you
 (a) Any physical defect or infirmity?
 (b) Ill health of any description?
 If so give details

8. Do you engage in any of the activities listed below?
 If so give details

(a) Winter Sports, Rock climbing Mountaineering (which requires the use of ropes or guides), Pot Holing, Skin Diving, Scuba, Parachuting, football, or Rugby football, Ice Hockey Motor cycling, polo, Steeplechasing, Big games Hunting or Hunting other than on foot, racing of any kind other than on foot, Water Sports of any kind. (b) Any other hazardous activities	(a) (b)
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9. State cover now required.

(a) Benefit A- Death	(a) Tshs
(b) Benefit B- Permanent Disablement	(b) Tshs
(c) Benefit C- Temporary Disablement	(c) Tshs per week
(d) Benefit D- Medical Expenses incurred in connection with an accident	(d) Tshs

10. Has any Insurer ever declined your proposal or cancelled or refused to renew your Policy?

<p>11. Do you wish the Policy cover to apply to bodily injury consequent upon</p> <p>(a) Any of the hazardous activities referred to above? If so, please state which one(s)</p> <p>(b) Riot or civil commotion?</p>	<p>(a)</p> <p>(b)</p>
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DECLARATION

To the best of my knowledge and belief the statements in this proposal and declaration are true. I agree that this proposal and declaration shall be the basis of the contract between me and The, and shall be incorporated therein.

Date _____ Signature of Proposal _____

From what date do you wish the cover to commence? _____ day of _____ 200 _____

Note: the liability of the company does not commence until the acceptance of the Proposal has been intimated by the Company.

THE BENEFITS

- (a) in case of death necessary
- (b) in case of permanent disablement Benefit A
 - (i) by injury specified in the permanent Disability Scale } Such percentage of benefit B as is specified in the permanent Disability Scale
 - (ii) by injury not specified in the Permanent Disability Scale causing permanent loss or reduction in the earning capacity of the Insured in any business or occupation } Such Percentage of Benefit B as is consisted with the Percentage specified in the permanent disability Scale having regard to the degree of permanent disablement
- (c) in case of temporary total disablement of the insured from attending to or following any business or occupation } Benefit C per week during such disablement but not exceeding 104 weeks
- (d) in case of medical expenses (including operation fees cost of surgical appliances and nursing home or hospital charges) } The amount of such expense but not exceeding benefit D

PERMANENT DISABILITY SCALE

Loss of both hands.....100
Loss of both feet.....100
Complete and irrecoverable loss of sight in both eyes.....100
Loss of one hand and one foot100
Loss of one hand or one foot together with the complete and irrecoverable loss of sight in one eye.....100
Complete and incurable insanity.....100
Complete and incurable paralysis.....100
Loss of right arm or hand.....60
Loss of left arm or hand.....50
Loss of one leg or one foot.....50
Complete and irrecoverable, loss of sight in one eye.....50
Loss of thumb of right hand.....20
Loss of thumb of left hand.....15
Loss of index finger of right hand.....15
Loss of index finger of left hand.....10
Loss of any other finger of right hand.....6
Loss of any other finger of left hand.....5
Loss of big toe.....5
Loss of any other toe.....3
Complete and irrecoverable loss of hearing in both ears.....40
Complete and irrecoverable loss of hearing in one ear.....10