

**PERSONAL ACCIDENT INSURANCE
PROPOSAL FORM**



THE FOLLOWING QUESTIONS MUST BE ANSWERED IN FULL

1. Surname _____ First Name _____ Middle name _____

2. Address _____ Postal Code _____

3. E-mail _____ Mobile Number _____

4. Age last Birthday _____ Passport No./ID No _____

5. Beneficiary i.e. (the person to whom claim would be payable in case of death of the insured person)

6. Name(s) _____ Relationship _____

7. Period of Insurance: From ____ / ____ / ____ To ____ / ____ / ____

8. Please tick the description that applies to your occupation:

a. Clerical or Administration inside the office(Class I)

b. Outdoor work/job(Class II)

c. Manual Work (Class III)

d. Working with machinery(Class IV)

e. Any other not shown above.

9. Do you engage in any hazardous activities or pursuits? Yes No

10. Have you sustained injury by accidents during the last five years? Yes No

If so, give dates, nature of injury(ies) and period(s) of disablement _____

11. Has any Insurer declined or imposed special terms for life or accident or illness policy or declined to renew or cancelled the policy? Yes No

12. Are you free from physical disability or mental illness to the best of your knowledge? Yes No

If No, please give details _____

13. Are you engaged in any of the excluded activities/occupations mentioned below? Yes No

1. Hunting
2. Steele chasing
3. Sinking of air, water, or gas wells
4. Construction and maintenance of dams

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5. Airline crew & ship or boat crew
6. Racing, Rallies and speed testing
7. Naval, military, police or Air force operations
8. Professional sports
9. Diving
10. Mining

If yes, would you like an extension of cover (at 25% of the basic premium) while engaged in these activities?

Yes No

COVER SELECTED

BENEFIT	A	B	C	D	E	F	G	H
Death	250,000	500,000	1,000,000	2,000,000	4,000,000	6,000,000	8,000,000	10,000,000
Accidental Permanent Total Disablement	250,000	500,000	1,000,000	2,000,000	4,000,000	6,000,000	8,000,000	10,000,000
Hospital Cash	Nil	1,500	3,500	5,500	8,000	9,000	10,000	22,000
Accidental Temporary Total Disablement	Nil	2,000	2,500	3,500	5,000	10,000	15,000	25,000
Accidental Medical Expense	30,000	50,000	100,000	150,000	200,000	300,000	400,000	500,000
Artificial Appliances	5,000	5,000	10,000	15,000	20,000	30,000	40,000	50,000
Funeral Expenses		5,000	10,000	15,000	20,000	30,000	40,000	50,000
PREMIUM								
	1,697							
Age 19 to 40		2,702	5,063	8,779	15,108	23,144	31,180	40,220
Age 41 to 70		3,501	6,569	11,401	19,628	27,764	40,521	52,274

Age Limits: This proposal is for those between the ages of 18 and 70 Years.

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DECLARATION

I warrant that the above statements and particulars are true and agree to give notice to the Company of any alteration in my profession or occupation or health and I hereby agree that this declaration shall be held to be promissory and shall form the basis of the contract between me and Fidelity Shield Insurance Company Limited and I am willing to accept a policy subject to the terms exceptions and conditions prescribed by the Company therein.

The Liability of the Company does not begin until acceptance of the Proposal BY THE INSURER AND PREMIUM HAS BEEN PAID.

Signature of the Person to be Insured _____

Date ____/____/____

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EXCLUSIONS

The policy does not insure against death or disablement directly or indirectly caused by, arising or resulting from or traceable to:

- 1) An accident happening whilst the insured is under the influence of intoxicating liquor or of a drug (unless administered under the orders of a hospital or a qualified medical practitioner) or is in a state of insanity, or is suffering from any physical defect.
- 2) Suicide or attempted suicide, intentional self injury, insanity, intemperance, a drug habit, venereal disease, deliberate exposure to needless danger (except in an attempt to save human life).
- 3) Air Travel (other than as a fare paying passenger by a regular scheduled Airline service or licensed Charter service).
- 4) War invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion strike, riot, civil commotion, revolution insurrection or military or usurped power.
- 5) The Insured playing rugby football, equestrian sports, mountaineering, skiing, tobogganing, skating, or similar snow and ice sports, participating in speed or endurance tests or races of any kind (other than athletics), hunting, boxing or wrestling in public exhibitions, motorcycling.
- 6) Water skiing, big game shooting under water sports.
- 7) All air sports including parachuting, parasailing, hang gliding, gliding and similar Sports.
- 8) The indemnity or compensation provided under the policy shall not apply to nor include any accident loss, destruction, damage or legal liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
- 9) Pregnancy, childbirth or menopause.

CLASSIFICATION OF OCCUPATIONS

- CLASS I - Non-manual occupations only - Professional, Administrative and Clerical.
- CLASS II - Master Tradesmen generally who supervise but do no manual work, or incur any special hazard, and other persons not Class I) whose duties do not involve the use of tools or machinery or expose them to any special hazard. Commercial Travellers, Shopkeepers and the like not using tools or machinery.
- CLASS III - Master Tradesmen and manual workers whose duties involve the use of tools or machinery other than woodworking or other dangerous machinery. Farmers, Shopkeepers and Assistants (not in Class I or II), Veterinary Surgeon's and other persons whose occupations do not expose them to any special hazard.

HAZARDOUS: OCCUPATIONS:- Individuals using woodworking or other dangerous machinery and occupations of a heavy and extra hazardous nature will be considered on application.