



PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.(Please use CAPITAL LETTERS)

1. Name of Proposer name (in full):
2. Postal address:
3. Business or Occupation: Tel No:
4. Date of birth: Height: Weight:
5. Purpose of filling this proposal form
New or Renewal (if renewal kindly indicate your existing policy no.)
6. Period of insurance required : From To

7. 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
8. Have you (a) Any physical defect or infirmity? (b) Ill health of any description? If so give details			
9. 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, Big games Hunting other than on foot, racing of any kind other than foot, Water Sports of any kind. (b) Any other hazardous activities			

10. Are you taking part in or at any military or naval operation or any operation of warlike character either as a combatant or non-combatant	
11. State cover now required (a) Benefit A- Death. (b) Benefit B- Permanent Disablement (c) Benefit C- Temporary Disablement (d) Benefit D- Medical Expenses incurred in connection with an accident (e) Repatriation of Mortal Remains	(a) Dhs. (b) Dhs. (c) Weekly Salary up to 52 weeks (d) Dhs. (e) Dhs.
12. Has any Insurer ever declined your proposal or cancelled or refused to renew your policy or imposed any special conditions?... please explain	

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 **United Insurance Company** and shall be incorporated therein.*

Date -----Signature of Proposal-----

The liability of the United Insurance Company does not commence until this proposal has been accepted by them.