

PERSONAL ACCIDENT PROPOSAL FORM

Capital Sum Insured	and relative benefits	Class	Premium
Name in full			
Residence		Business Address	
Born at	on	day of	
Profession of Occupation (if more than one state all)		Check out the Description that applies	
		{ Commercial duty only Master Superintending duty only Master Superintending and working Master working Workman	
1. State (a) your height. (b) your weight and (c) whether your weight is increasing, stationery or decreasing		(a)	(b)
		(c)	
2. (a) Have you been ruptured, or have varicose veins or any other physical defects or infirmity? If so give particulars		(a)	
(b) Have you ever suffered from a lit of any kind		(b)	
3. Have you ever suffered from sprain, dislocation, fracture or any other injury? If so, state when and give particulars			
4. (a) Is your sight or hearing impaired or (b) have you ever suffered from any disease or affection of eyes, ears or nose?		(a)	
		(b)	
5. Are you of healthy and unimpaired constitution and at present in sound health?			
6. Do you wish assure against accidents resulting from (a) football, (b) racing of any kind, (c) steeplachasing, (d) motor cycling, (e) mountaineering, (f) big game shooting, (g) hunting, (h) winter sports or (i) aeronautics other than air travel (these risks are not undertaken except by special arrangement).		(a)	(b)
		(c)	(d)
		(e)	(f)
		(g)	(h)
		(i)	
7. Have you any intention of leaving the country in which you are at present residing? If so, what part of the world do you intend to visit, for what period and for what purpose?			
8. Are there any circumstances connected with your health, habits or otherwise which would render an assurance such as proposed more than usually hazardous? If so give full particulars			

Agents for **ARABIA** Insurance Company s.a.l

<p>9. (a) Has any proposal been made to assure your life? If so state when and to what office or offices has any such proposal been (b) declined, (c) deferred, (d) withdrawn or (e) accepted at an increased premium?</p>	<table border="1"> <tr> <td data-bbox="820 302 974 357">(a)</td> <td data-bbox="974 302 1185 357">Date</td> <td data-bbox="1185 302 1443 357">Name of Office</td> </tr> <tr> <td data-bbox="820 357 974 478">(b)</td> <td data-bbox="974 357 1185 478">(c)</td> <td data-bbox="1185 357 1443 478">(d) (e)</td> </tr> </table>	(a)	Date	Name of Office	(b)	(c)	(d) (e)		
(a)	Date	Name of Office							
(b)	(c)	(d) (e)							
<p>10. (a) Are you at present assured or have you ever proposed for assurance in respect of personal accident sickness? Have any such proposal or renewal of such assurance ever been (b) declined, (c) withdrawn or (d) made subject to restrictive endorsement?</p>	<table border="1"> <tr> <td data-bbox="820 478 1443 525">(a)</td> <td data-bbox="820 525 1443 695">if so please give name of the company</td> </tr> <tr> <td data-bbox="820 525 1443 577">(b)</td> <td></td> </tr> <tr> <td data-bbox="820 577 1443 630">(c)</td> <td></td> </tr> <tr> <td data-bbox="820 630 1443 695">(d)</td> <td></td> </tr> </table>	(a)	if so please give name of the company	(b)		(c)		(d)	
(a)	if so please give name of the company								
(b)									
(c)									
(d)									
<p>11. Have you a personal accident and/or sickness policy in force? If so, state with whom and the total amount of assurance</p>									
<p>12. Have you ever claimed or received compensation under any accident or sickness policy? If so, give full particulars, name of assurer, amount and dates.</p>									

I HEREBY DECLARE AND WARRANT that the whole of the foregoing statement are true and that I am and always have been of strictly sober and temperate habits. I agree that this declaration and the answers given above shall be basis of the contract between me and the company and if there be any false statement or concealment of the truth in this declaration or in such answers the assurance shall be null and void. I also agree to accept a policy subject to the usual conditions prescribed by the company and endorsed upon the policy and to pay the premium due thereon when called upon to do so.

Date :

Risk to commence :

Signature

DO YOU WISH TO DESIGNATE THE BENEFICIARY, IF SO GIVE DETAILS