

INSURER:

PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

Please give all Answers in Block Letters.

FULL NAME OF PROPOSER: MR/MRS/MISS

POSTAL ADDRESS _____

HOME ADDRESS _____

(If not Ghanaian)

NATIONALITY _____ OCCUPATION _____

PLACE OF BIRTH _____ SEX: [M] [F] TEL. NO. _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

1. Please indicate below the nature of your Work/Occupation.

- (a) Engaged in Commercial or Clerical Duties only
- (b) Supervising only
- (c) Supervising and occasionally working
- (d) Working with machinery

2. (a) Do you engage in football or polo, mountaineering, yachting, racing of any kind, wild beast or big game hunting, shooting, motor cycling or other? Yes/No

If Yes indicate by underlining the kind of sport.

(b) Do you engage in aviation or aeronautics? Yes/No

3. (a) Are you now in good health? Yes/No

(b) Are you an abstainer from alcohol Yes/No

(c) How long have you abstained form alcoholic liquors? _____

(d) Do you intend to remain a total abstainer? Yes/No

4. Do you have any physical disability or infirmity? Yes/No

If Yes, Please give details _____

HEALTH DETAILS

Have you to the best of your knowledge ever had abnormal blood pressure, ulcer, tuberculosis, Hernia, diabetes, cancer, syphilis, paralysis, arthritis, rheumatism, any disorder or disease of the mental, nervous, genito-urinary or digestive systems, back, spine or heart?

If so, give nature, date, period of disability, name of doctor and result.

Have you ever been under observation or had medical or surgical advice or treatment, or been hospitalized during the past five years?

If so, give dates, ailment, duration and result.

Do you have any deformity? Yes/No

To the best of your knowledge are you now in good health and free from physical impairment or deformity? If not, give full particulars.

If yes, give details.

5. Have you ever had a

(a) sprain, (a) _____

(b) fracture or (b) _____

(c) dislocation? (c) _____

6. Is your sight or hearing impaired Yes/No

7. Please state fully bodily injuries or illness you have suffered necessitating medical attention NATURE OF AILMENT DURATION DATE

8. Do you suffer from or do you have the tendency to suffer from any ailment or disease? If yes, please state nature of ailment/disease Yes/No

9. Has any near relation suffered from Tubercular disease, Cancer or insanity. If so give details.

10. Have you any intention of travelling outside Ghana

If so where and for how long? _____

11. Have you ever receive compensation under any form of ailment and/or sickness policy? Date Nature of Ailment _____

If so, please give particulars for each occasion Company/Amount _____

12. Have you ever proposed for an accident/insurance If yes, give name of Company and

Yes/No particulars of Insurance _____

(b) Has any Company

(i) declined to issue you with Policy? (I) Yes/No

(ii) declined to continue your insurance? (ii) Yes/No

(iii) not invited the renewal of the Policy? (iii) Yes/No

(iv) imposed special conditions or exclusives? (iv) Yes/No

(c) Will this insurance be additional to any other existing personal accident/sickness insurance? sickness insurance? (c)

Yes/No
If yes please, give particulars _____

13. Have you ever proposed for a life assurance? Yes/No
If so, was the proposal accepted at standard rate, withdrawn, deferred or declined?
Please give name of Company and Sum Assured

14. Please give details of any existing policies:

Sum Insured at death and Corresponding Benefits ₪

BENEFICIARY

- 1. Full Name:
- 2. Address:
- 3. Relationship:

D E C L A R A T I O N :

I declare and warrant that the above statements are complete and true in every respect and that no material information has been withheld or suppressed. I agree to give notice to the Company of any variation in my profession or occupation, health, or pursuits and that this declaration shall be held to be promissory and shall form the basis of the Contract between me and the I further agree to accept a policy subject to the terms, provisions and conditions prescribed by the Company therein.

SIGNATURE OF PROPOSER: _____ DATE _____

NOTE:-

The liability of the Company does not commence until the acceptance of the proposal has been intimated by the Company or official cover note issued.