

# PERSONAL ACCIDENT - Proposal Form

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know, otherwise the Policy issued hereunder may be void.

## Intermediary :

Please write and tick clearly  where applicable

### I. Proposer's Information

- a. Full Name: \_\_\_\_\_  
 Identity Card / Passport No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_
- b. In the nature of your work do you:
- (i) superintend manual work?  YES  NO  
 (ii) do manual work?  YES  NO  
 (iii) use any machinery?  YES  NO
- c. Do you engage in any hazardous sports or activities?  YES  NO
- d. Do you travel by air more than once a month?  YES  NO

### II. Insurance History

- a. Have you had any accident insurance or life assurance proposal or renewal.
- (i) declined?  YES  NO  
 (ii) withdrawn?  YES  NO  
 (iii) subjected to an increased rate or special conditions?  YES  NO
- b. Will this insurance be additional to any other personal accident policies?  YES  NO

### III. Health

- a. Have you sustained any accidents necessitating medical attention during the last five years?  YES  NO
- b. Do you suffer from any physical defect or infirmity or have you a tenancy to any ailment or disease?  YES  NO
- c. Have you ever made a claim against any insurer in respect of any bodily injury?  YES  NO

If any answer is "YES", please provide details below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### IV. Benefits Required Class

Item	Sum Insured	Premium
1. Death	\$ _____	\$ _____
2. Permanent Disablement Scale I <input type="checkbox"/> Scale II <input type="checkbox"/>	\$ _____	\$ _____
3. Temporary Total Disablement - per week (limited to weekly earnings)	\$ _____	\$ _____
4. Temporary Partial Disablement - per week (limited to 50% of item 3)	\$ _____	\$ _____
5. Medical Expenses	\$ _____	\$ _____
6. Hospital Allowance (per day)	\$ _____	\$ _____
b. Do you wish to insure against accidents resulting from		Add Premium
1. Motor Cycling? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Any other sports <input type="checkbox"/> YES <input type="checkbox"/> NO (please specify below?) _____ _____ _____		
	GST	
	Total Premium	\$ _____

(For office use)

### V. Period of Insurance

Insurance to commence on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ for one year

**PREMIUM WARRANTY:** Please note that it is a condition precedent to liability under the Policy that your premium is paid and received in full by the Insurers within 60 days from the inception date of the cover, failing which the Policy shall be deemed to be automatically cancelled and a pro-rata premium charged for the period that the Insurers were on risk.

### DECLARATION

WE/I DO HEREBY DECLARE AND WARRANT the answers/information given above in every respect are true and correct and I have not withheld any information likely to affect the acceptance of this Proposal, and I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and myself and I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

Date \_\_\_\_\_ Signature of Proposer & Company Stamp \_\_\_\_\_

**The liability of the Company does not commence until this Proposal has been officially accepted by the Company.**