



GROUP PERSONAL ACCIDENT PROPOSAL FORM

Proposal No.....**Agency code**.....

PROPOSER'S DETAILS	
Name of Proposer/Agency.....	Phone /Mobile No.....
Mailing Address.....	Email Address (if any).....
Profession / Business.....	

Please tick Yes/No box as appropriate.

1. Are you in good health and free from physical and mental disease infirmity? Yes No
2. Does your business required employee to be engaged to be engaged in manual labour? Yes No
3. Do your employee as a group engaged in any hazardous sport that are likely to caused bodily injury? Yes No
If so give details
4. Has any insurer in connection with life. Personal accident or health insurance, ever deferred, refund, terminated or have special terms imposed? Yes No
If so give details.....
5. Is this insurance to be an additional to any of the accident policy or employee scheme? Yes No
If so please state Company Name..... Type of Policy..... Policy No.....
Capital Sum Insured.....

Please attach a separate list of employees members you wish to cover in the following format.

Slno	Name of the Employee	ID Card no.	Age	Designation	Basic Pay	Sum Insured

Please tick of cover.

- a) Twenty four hours cover
- b) Accident during the course of employment only

DECLARATION

I/We to the best interest of my/our knowledge hereby confirm that the statement contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact, I/We that the statements and declaration contained in this proposal form shall be the contract of insure with the company and are deemed to be incorporated in the contract.

PROPOSER'S SIGNATURE

Date.....

YOUR INSURER OF CHOICE

Chorten Lam, Post Box no.779, Ph.339893/339894, Fax.339895, Toll Free: 201