



Assurance

Covers You Right Through

PROPOSAL FORM PERSONAL ACCIDENT INSURANCE

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.)

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.
3. If space is not sufficient in any column, please give details on a separate sheet of paper.
4. Kindly answer all questions completely to help us to serve you better.

1. Proposer's Name in full:		
Physical Address in full:		
Cell / Email ID		
2. Profession / Occupation		
State whether you are: -		
(a) Employer/ Employee/ Supervisor/Manager/ Clerk/Worker	(a)	
(b) Handling hazardous goods/ explosives/ Petroleum goods/ paints/ Inflammable Chemicals/ other like goods & products	(b)	
PERIOD OF INSURANCE: From: _____ To: _____		
3. Age next birthday: Years: Height: cm Weight kg.		
4. (a) Are you presently insured for personal accident? If 'YES', give name(s) of Insurer (b) Has any Insurer ever declined to insure or renew insurance covers or demanded an increased rate, or imposed any special terms? (c) Are you now insured, or proposing to insure elsewhere against accidents or sickness? If 'YES', give particulars.	(a) <input type="checkbox"/> YES <input type="checkbox"/> NO	(b) <input type="checkbox"/> YES <input type="checkbox"/> NO
	
	
	
	



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5. Have you ever had an accident requiring medical attention and have you claimed or received compensation for injuries or sickness?

YES

NO

If 'YES' give particulars with dates.

6 (a) Do you ordinarily enjoy good health?

a)

YES

NO

(b) Are you now and have you been uniformly of sober and temperate habits?

b)

YES

NO

© Have you ever suffered from gout or diabetes

c)

YES

NO

(d) paralysis or a fit of any kind?

d)

YES

NO

(e) Have you had a rupture, varicose veins or any other physical effects?

(e)

YES

NO

If 'YES' to any of the above give details

Please state amounts to be insured:

Sum Insured / Benefit

**Premium
(For official use only)**

A. Death

PGK.....

PGK.....

B. Permanent Partial Disablement

PGK.....

PGK.....

C. Temporary Total Disablement

PGK.....
.....
per week

PGK.....

D. Medical Expenses

PGK.....

PGK.....



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7. Whether Family Package cover required. If so state in names of persons to be covered.

SL. NO.	Name	Age	Relationship	Income

DECLARATION FOR ASSIGNMENT

I..... (Name in full) do hereby assign the moneys payable by the Liberty Assurance Ltd., in the event of my death to my (mention relationship with the Insured) Mr./Mrs./Miss and I further declare that his/her receipt shall be sufficient discharge to the Company.

(Name in full)

Signature.....

Dated.....

WITNESS at.....

Name &

Signature.....

Date.....

DECLARATION

I declare that the above answers are true to the best of my knowledge and belief that I have disclosed all particulars effecting the assessment of the risk. I agree that this proposal and declaration shall be the basis of the contract between me and Liberty Assurance Ltd. which, subject to the terms and conditions thereof, I agree to accept. I also declare that I do not suffer from any bodily physical disablement / defect.

Date:

Place:

Signature of the Proposer

IMPORTANT NOTE

1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.
2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.
3. The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion