



UNITED GENERAL INSURANCE COMPANY LTD

Michiru House, Victoria Avenue, P O Box 383, Blantyre
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PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

(Use Block Letters)

Agency:Policy No.

Period of insurance: From:To:

1. Proposer's Name in full:

Address:

.....

2. Profession or occupation:

- (a) Commercial duties only
- (b) Master superintendent only
- (c) Master working
- (d) Worker
- (e) Worker with machinery

* Strike out the description that apply.

3. Age next birthday:..... years

height.....meters

weight:.....Kgs.

Yes

No

4. (a) Is your eye sight impaired or have ever suffered from disease of the eye?

Yes

No

(b) Is your hearing impaired or have you ever suffered from disease of or discharge from the ears?

5. State any accidental injury you have had and what sickness, disease, ill-health or other physical defect or infirmity you have suffered.

Nature of accident and/or sickness:

Date:

Duration of disablement:.....

6 (a) Do you wish to insure against accidents arising out motor cycling, racing other than on foot, winter sports abroad, mountaineering, football, hunting, polo, netball, volleyball, basketball at an additional premium?

Yes

No

If Yes, state which

Yes

No

(b) Does your Profession, Business or occupation involve travelling by aircraft?

If Yes, please furnish with details and state frequency of such trips

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- 7 (a) Is your life insured with this Company? Yes No
 If Yes, please give all policy numbers
- (b) Are you now or have you ever been insured against accidents, disease or sickness? Yes No
 If Yes, please furnish with details
8. Are there any circumstances connected with your pursuit or mode of life which render you specially liable to injury? Yes No
 If Yes, state
9. (a) Do you ordinarily enjoy good health? Yes No
- (b) Are you now and have you been uniformly of sober and temperate habits? Yes No
- (c) Have you ever suffered from Gout or Diabetes, Paralysis or a Fit of any kind? Yes No
 If Yes, please furnish with details
- (d) Have you had a rupture, varicose veins or any other physical effects?
 If Yes, please furnish with details

10. Please state amounts to be insured:-

<u>Benefits Selected</u>	<u>Sum Insured</u>	<u>Premium</u>
Section 1 Death	MK	MK
2 (a) PD	MK	MK
(b)	MK (Maximum benefit)	MK
3. TTD	MK (Per week)	MK
4. TPD	MK (Per week)	MK
5. Medial Expenses	MK	MK
	Annual Premium	MK
	Stamp Duty	MK
	Total Premium	MK

11. Declaration
 I declare:-
 (a) that the answers given to the above questions are true and complete.
 (b) that I agree that this proposal and declaration shall be the basis of the contract made between me and the Company and condition of the Company's policy.

Any exceptions to the above should be stated here:

Signature:

Date:

NOTE:- No insurance is in force until the proposal form has been accepted by the Company and the full first premium paid.