



SHARJAH INSURANCE COMPANY

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PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

It is important that a full answer is given to every question including the date of each accident, diseases or illness. Signing this form does not bind the Proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

Name of the Proposer (in full)

Private Address (in full)

Business or Occupation
(if more than one, state all)

Is manual work involved? (Describe fully)

State: (1) Date of Birth _____ **(2) Height** _____ **(3) Weight** _____

<p>1. a) Have you any physical or other defect or weakness of any kind to the best of your knowledge and belief?</p> <p>b) What debilitating injuries, diseases or illness have you had?</p> <p>c) Have you ever made a claim on personal accident policy before? If so, give details</p>	<p>a)</p> <p>b)</p> <p>c)</p>
<p>2. Has any Company or Insurer in respect of Life or Personal Accident insurance ever cancelled or declined to renew your policy? If so, give details.</p>	
<p>3. a) Have you any other Personal Accident Insurance? If so, give details of the Compensation by such Insurance</p> <p>b) Does your average weekly income exceed the weekly indemnity under all policies carried by you including that now applied for?</p>	<p>a)</p> <p>b)</p>
<p>4. a) Do you engage in any of the activities normally excluded from this insurance (*)</p> <p>b) Do you wish the cover be extended? If so, state the activities and the extent to you engage in them</p>	<p>Activities to be included (if none state "NONE")</p> <p>a)</p> <p>b)</p>
<p>5. a) To what extent do you travel by air? Give details of frequency & destinations</p> <p>b) Do you wish the insurance to include the risk of flying as a passenger on a fully licensed passenger carrying aircraft on</p> <p>d) Do you use an automobile in the course of your business? If so, state the maximum distance you travel annually.</p>	<p>a)</p> <p>b)</p> <p>c)</p>

(*The excluded activities are: winter sports – mountaineering – football – polo – hunting – motor cycling – racing – boxing – water skiing – under water fishing –)

6. Enter amounts of Insurance required in sections selected:-

- A. Death** Dhs. _____
 - B. Permanent Total Disablement**
(due to loss of limbs and eyes) _____
 - C. Permanent Total Disablement**
(other than above) _____
 - D. Temporary Total Disablement** _____
 - E. Temporary Partial Disablement** _____
 - F. Medical Expenses** _____
 - G. Repatriation of human body** _____
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7. State name, address and relationship of person(s) to whom payment of compensation is to be made in the event of accidental death.

Name	Relationship	Address
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.....
.....

8. On what date you wish the insurance to commence and for what period?

Date :

Period:

I, the undersigned, desire to effect with Sharjah Insurance Company an insurance in the terms of the Policy used for this class of business and I warrant that the above statements and particulars are correct and complete. I further agree that this proposal shall be the basis of the contract between the Company and me.

Place :

Date :

Signature :