

Broker/Agent:



PERSONAL ACCIDENT INSURANCE

PROPOSAL FORM

A New Dimension in Insurance

A P A Insurance Limited

The risk of accidental injury is always present whether at home or at work, while travelling or during recreation. No degree of care or forethought can entirely eliminate the danger but it is possible to alleviate the financial difficulty which death or disablement by accident may cause by means of Personal Accident insurance.

The Company's Policy provides for the payment of compensation for death, Disablement or Medical Expenses resulting from 24 months from accidental bodily injury sustained by the Insured at any time during the Period of Insurance. The Insurance covers all accidents with the few exceptions referred to opposite, it is worldwide and includes Air Travel as a Passenger.

Classifications of occupations

- Class I - Accountant, Actuary, Architect (Office duties only), Auctioneer, Banker, Advocates, Chemist (Dispensing), Civil Engineer (Consulting only), Farmer (Superintending only), Physician or Surgeon, Shopkeeper and similar professions and occupations.**
- Class II - Architect (including site visiting), Bailiff (Firm), Baker (working), Commercial Traveller, Gardener, Painter (Superintending), Quarry Owner (Superintending), and similar professions and occupations.**
- Class III - Builder (working), Contractor (Working), Farmer (Working), Fishmonger (Working), Joiner (Working), Painter (Working), Veterinary Surgeon, and similar professions and occupations.**
- Other occupations - Proposals in respect of occupations not included above will be considered on receipt of details**

EXCEPTIONS

The Policy does not cover Death, Disablement or Medical Expenses consequent upon:

- (1) the Insured engaging in the use of Woodworking machinery or in motor cycling, racing on horseback or on wheels, winter sports, mountaineering necessitating the use of ropes or guides, pot-holing; skin-diving or any other sport or pastime involving exceptional risk of accident.
- (2) the Insured engaging in aviation otherwise than Air Travel (i.e. mounting into, travelling in or dismounting from any fully licensed passenger carrying aircraft as a passenger but not as a member of the crew nor for the purpose of engaging in any trade or technical operation therein)
- (3) the Insured suffering from any pre-existing physical defect or infirmity.
- (4) childbirth or pregnancy of the Insured.
- (5) the Insured wilfully exposing himself to needless peril (except in an attempt to save human life) or committing or attempting to commit suicide.
- (6) bodily injury sustained while the Insured is insane.
- (7) war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.

**Certain of these exceptions may be removed on payment of an additional premium.
Age Limit for New Proposers 18-60 years**

Not renewable after age 65 (Unless specially agreed with the company)

The following activities are not covered but special arrangements can be made in some case

Hang gliding	Hunting	Polo
Scuba diving	Hurling	Pot-holing
Boxing	Ice Hockey	Power-boating
Climbing	Motor competitions	Racing
Flying except Air Travel	Motor-cycling over 175cc	Show jumping
Professional Football including Rugby	Parachuting	Skydiving
Use of wood-working machinery	Winter sports	Wrestling
Water ski-jumping and tricks	Yachting beyond 5 kilometres of a coastline	

THE PROPOSER

Name(in full):
(Please use Block letters)

Postal Address: P. O. Box..... Postal Code Town:

Telephone Nos. Mobile Nos. Fax Nos.

Email Address: Pin No:

Profession/Occupation:..... Client No.....

Is the Proposer self-employed or an employee?

Date of birth Height Weight

Period of Insurance From: To:

Is it expected that the Proposer will engage in any Sport or pastime involving a particular risk of Accidental injury? Yes No

If so, please give details

State anticipated amount and type of air travel each year
State the cover required

BENEFIT NO.	BENEFITS	AMOUNT OF BENEFIT REQUIRED
1.	In the event of Accident Causing: DEATH
2.	PERMANENT DISABLEMENT. In accordance with Schedule overleaf.....
3.	TEMPORARY TOTAL DISABLEMENT. For a maximum period of 104 weeks but Excluding the first seven(7) days.....
4.	MEDICAL EXPENSES NECESSARILY INCURRED In connection with an accident for which payment is made under any of Benefits 1-3.....

PARTICULARS OF INSURANCE

(i) Have you ever previously held a Personal Accident Policy? Yes No
If yes, please give name of Insurers

(ii) Are you currently insured for the type of cover proposed? Yes No
If yes, please give name of Insurers

(iii) Has any Insurer in connection with Accident, sickness or Life Insurance in respect of any person to be insured ever to your knowledge

	Yes	No
(a) Deferred a proposal?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Declined a proposal?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Refused to renew or terminated a policy?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Imposed any special terms?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Repudiated any claim?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to the above questions is yes, please give details.....

(iv) Give particulars of all accidents which have occurred during the last three(3) years for which insurance is required (whether claim lodged with Insurers or not)

Date of Accident	Nature of Claim	Compensation Amount Claimed/Received	Name of Company with which claim lodged

(v) To the best of the proposer's knowledge and belief, is the person to be insured in good health and free from physical and mental defect or infirmity? Yes No

If not, give details.....

(vi) Will the person to be insured travel to a considerable extent by air or by motor car in the course of his/her duties? Yes No

If not, give details.....

(vii) Will the person to be insured use hazardous equipment or machinery? Yes No

If yes, give details.....

DECLARATION

I/We hereby propose to effect an insurance with A P A Insurance Ltd. and warrant the truth and correctness of all the above statements to the best of my/our knowledge and belief, including the extended questions and declare that no material information has been withheld affecting the assessment of the risk.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and the said Company and I/We am/are willing to accept the policy and be bound by all the terms, provisos and conditions thereof and to pay the premium thereunder.

Date :

Signature of Proposer

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID EXCEPT AS PROVIDED BY ANY OFFICIAL COVER NOTE ISSUED BY THE COMPANY

PERMANENT DISABILITY SCALE

Description of Permanent Disablement	Percentage of Maximum Benefit Payable	Description of Permanent Disablement	Percentage of Maximum Benefit Payable
1. Loss of both hands at or above the wrists.....	100	Loss of little finger	
2. Loss of both feet at or above the ankles.....	100	25. three phalanges	4
3. Loss of one hand at or above the wrist and of one foot at or above the ankle	100	26. two phalanges	3
4. Loss of all fingers and thumbs of both hands	100	27. one phalanx	2
5. Total and irremediable blindness in both eyes.....	100	Loss of metacarpals	
6. Total and irremediable paralysis	100	28. first or second (additional)	3
Loss of arm		29. third, fourth or fifth (additional)	2
7. at shoulder	60	Loss of leg	
8. between elbow and shoulder	50	30. at hip	70
9. at elbow	48	31. between knee and hip	50
10. between wrist and elbow	45	32. below the knee	35
11. Loss of hand at wrist	43	33. Loss of foot at ankle	33
12. Loss of four fingers and thumb of one hand.....	43	34. Loss of all toes of both feet.....	15
13. Loss of four fingers.....	35	Loss of great toe	
Loss of thumb		35. both phalanges	5
14. both phalanges	25	36. one phalanx	2
15. one phalanx	10	37. Loss of toe other than great toe (provided more than one toe is lost) each	1
Loss of Index finger		38. Loss of one whole eye or total and irremediable blindness in one eye	30
16. three phalanges	10	39. Irremediable loss of sight (except perception of light) in one eye	30
17. two phalanges	8	40. Loss of lens of one eye	20
18. one phalanx	4	Total irremediable deafness	
Loss of middle finger		41. both ears	50
19. three phalanges	6	42. one ear	7
20. two phalanges	4		
21. one phalanx	2		
Loss of ring finger			
22. three phalanges	5		
23. two phalanges	4		
24. one phalanx	2		