



GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

NB: USE BLOCK CAPITALS

1. Name in Full: _____
Address: _____
Post Code: _____ City / Town _____ Country _____
2. State Business profession or occupation: *(State fully, giving the exact nature of occupation)*

3. Date of birth: _____ Weight _____ Height _____
4. Are you now and generally in good health and free from any physical defect or infirmity? _____

5. Have you ever suffered from rupture (hernia), varicose veins, slipped disc or other form of chronic back strain, any impairment of sight or infection of the eyes, any impairment of hearing or ear complaint or discharge from ear, heart disease, fits or blackouts, duodenal or gastric ulcer, or any form of paralysis?

If so, specify and state period of duration _____

6. Do you engage in any hazardous activities or pursuits, which may render you liable to accidents or to any disease or sickness? _____
If so, give details _____

7. Give details of all accidents occurring or surgical and medical treatment received during the past 5 years, which have prevented you from following your normal occupation, business or pursuits for a longer period than 7 days? _____

8. Do you drive or travel in any motor vehicle in connection with your profession or occupation? _____
If so, indicate approximate annual mileage _____
9. To what extent do you intend to travel by air? _____
10. Do you desire to insure against accidents occurring whilst engaged in football, motorcycling, (whether as driver or passenger) or use of power operated woodworking machinery? _____
(These risks are not covered unless an extra premium is paid as indicated here within.)
11. a. Are you now or have you ever been insured against accident? _____
If so, please state name of Company and benefits insured thereunder

b. Have you ever been declined for Life or Accident Insurance or had any special conditions or Exclusions imposed? _____



Benefits Selected	Amount to be insured in Tshs
Benefits A - Death	
Benefits B – Permanent Disability	
Benefits C (per week) – Temporary Disability	
Benefits D – Medical Expenses (This Benefit may only be selected in conjunction with one or more of Benefits A to C)	

I desire to insure with First Assurance Co Ltd in the terms of their policy for this class of insurance for the benefits selected. I declare that to the best of my belief, I am in good health and hereby warrant that the above statements and any supplementary particulars, which are or may be supplied, are and will be true and complete and that nothing materially affecting the insurance has been concealed.

Date _____

Signature _____

NB: NO LIABILITY ATTACHED TO THE COMPANY UNTIL THIS PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM RECEIVED BY THE COMPANY.

CLASSIFICATION OF RISKS:

Class I: Executive administrative, clerical and other occupations not involving manual work and not falling under Class II.

Class II: Other occupations including farmers, veterinary surgeons, hoteliers and persons using and repairing machinery.

All other occupations, which are considered to be hazardous, will be rated separately.

DEFINITION AND EXPLANATION OF BENEFITS:

The insurance provides worldwide cover in respect to accidents.

Benefits are only payable where death, loss or disablement is due solely and directly to violence occasioned accidentally by external and visible means and the death or loss occurs or the disablement commences within 12 calendar months of the accident.

The insurance does not cover death, loss or disablement directly caused:

- a) By war, invasion, act of foreign enemy, hostilities, whether war be declared or not, civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion.
- b) By fits, hernia, illness of any kind, venereal disease, pregnancy or confinement, intoxicating liquor, drugs, suicide, self injury, the hand of justice, unlawful act on the part of the Insured or



willful exposure of the Insured or willful exposure of the Insured to unnecessary danger except in the attempt to save human life.

- c) While the Insured is in a state of unsound mind.
- d) While the Insured is using power-operated woodcarving machinery or is engaged in football, hunting, polo, mountaineering, skiing, sledging, tobogganing, motorcycling (whether as a passenger or otherwise), racing of any kind or steeple chasing, unless the previous consent of the Company has been obtained.
- e) Whilst the insured is ascending into, descending from or traveling from or traveling in any aircraft except as a ticket-holding passenger on a scheduled public air-service or a multi-engined charter plane.

For the purpose of insurance, disablement is to mean disablement from following the Insured's occupation, business and pursuits. Disablement Benefit, is payable in one sum on the termination of disablement or the expiration of the period for which the Benefit is payable whichever is the earlier.

Medical fees and expenses – Benefit D shall apply to expenditure incurred as a result of an accident in respect of medical or surgical treatment by a qualified medical practitioner or in connection with hospital confinement or the services of a qualified nurse or the application of dressings or for examination by X-Ray or for the use of any operating room and/or an ambulance, or for the administration of medicines or an aesthetics prescribed by a qualified medical practitioner.

Weekly Compensation – i.e. Benefit C (Temporary Total Disablement) shall represent the Actual Weekly earnings and the Company' liability shall not exceed this.

TABLE OF BENEFITS

In the event of accident causing:

- A. Death
- B.
 - 1. Permanent Disablement as detailed below percentage of sum insured
 - 2. Permanent Partial Disablement
- C. Temporary Total Disablement *
Payable up to 104 weeks only if the injury does not entitle the Insured to compensation under Benefits A or B
- D. Expenditure of Medical Fees and Expenses as defined hereinafter

** NB: This benefit may only be selected in conjunction with one or more Benefits A to C.*



SCALE OF DISABLEMENT UNDER BENEFIT B

1) PERMANENT DISABLEMENT

Loss of two limbs or sight of two eyes or one limb and one eye	100%
Loss of one limb or one eye	50%
Total and irreversible paralysis	100%

2) PERMANENT PARTIAL DISABLEMENT

Loss of four fingers	35%
Loss of thumb	25%
- both phalanges	10%
- one phalanx	
Loss of Index finger	10%
- three phalanges	8%
- two phalanges	4%
- one phalanx	
Loss of other finger	8%
- three phalanges	6%
- two phalanges	4%
- one phalanx	
Loss of all toes	25%
Loss of great toe	5%
- two phalanges	2%
- one phalanges	
Loss of other toe	2%
Total and permanent loss of hearing	50%
- both ears	10%
- one ear	

Where injury is not specified, the Company will adopt a percentage of disablement which in it's opinion is not inconsistent with the provisions of the compensation scale.

PREMIUM FOR ADDITIONAL RISKS

Footballing	15%	}	Of Basic Premium
Use of power-operated woodworking machinery	15%		
Motor cycle	15%		
Riot, strike or civil commotion	15%		