

Group Personal Accident Insurance Proposal

Full name of Proposer	Branch
Business CR	Code No.
Postal Address: Tel. No Fax No	

Period of Insurance

Particulars of the persons to be insured

Names	Occupations	Amounts to be insured		
		Death	Permanent disablement	Temporary total disablement per week

N.B The Maximum period of compensation i.r.o temporary total disablement benefit shall not exceed 52 weeks and should not exceed 75% of the basic weekly salary

State the maximum total benefit required collectively for all persons arising out of any one accident

Do you wish to cover Medical Expenses following an accident not excluded under this insurance

Yes No

If yes, specify the amount: per person

Per accident & in aggregate

during the period of insurance

Do you wish to have this cover

only within KSA

or worldwide

Are any of the persons to be insured over 65 years of age?

Yes

No

Its yes, give details

Are all persons to be insured in good health and free from physical disability?

Yes

No

If no, give details

Do you hold a personal accident policy?

Yes

No

If yes with whom and for what benefits

Please give details of any accidents causing death or permanent disablement that have occurred during the past 3 years to your employees

Has any insurance company declined a group personal accident proposal for you or declined to continue such an insurance or imposed special terms?

Yes

No

If yes, give particulars

This insurance shall be attached as soon as your proposal has been accepted by the Company and after the due contribution has been paid by you.

Declaration

We declare that the statements contained in this proposal made by us(or on our behalf) are correct and true. Also, we agree that this proposal to be the basis of the Insurance contract and is deemed to be incorporated therein.

Proposer's Signature

Date: