orient
Takaful Insurance Company - Egypt
أورينت للتأمين التكافلي - مصر

Personal Accident Insurance Proposal (For individuals)

Proposer's Name ..... Agency Code .....

Occupation ..... Branch .....

Postal Address: ..... Tel. No ..... Fax No ..... I.D./ Iqama No .....

Date of birth ..... Nationality ..... Marital Status .....

Period of Insurance

Nature of Business or occupation in which you are engaged (if more than one, state all)

.....

Are any circumstances connected with your occupation or habits which render you specially liable to accident in respect of the following:

use of machinery	☐ Yes	☐ No
working manually without machinery	☐ Yes	☐ No
exposure to high voltage (over 220 V)	☐ Yes	☐ No
use of or exposure to inflammables, explosives or radioactive material	☐ Yes	☐ No
use of motorcycles or motor scooter	☐ Yes	☐ No

State your sports and hobbies .....

Do you intend to travel abroad during the next 12 months? ☐ Yes ☐ No

If yes, please state where and how frequently and whether for business or pleasure.

State name and relationship of Beneficiaries

Is your vision defective ?	Is your hearing defective ?
If so, to what extent	If so, to what extent

Have you ever suffered from, hernia, disc prolapsed/sciatica or any other physical infirmity of choronic nature? ☐ Yes ☐ No

If yes, give details

A part from any matter you have already described, are you now in and do you generally enjoy good health? ☐ Yes ☐ No

If No please give particulars .....

Are you left handed? ☐ Yes ☐ No

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Please specified the sum insured required:

Death .....

Permanent total disablement .....

Permanent partial idsablement (As per table of benefits)

Do you wish to be covered against Temporary Total Disablement (T.T.D)? ☐ Yes ☐ No

If Yes please specify the amount of compensation per week ..... (Not exceed 75% of your basis weekly salary)

N.B The maximum period of compensation in respect of T.T.D shall not exceed 52 weeks

If you wish to cover medical expenses following an accident not excluded, please specify:

- the limit per accident .....
- the aggregate limit during the period of insurance .....

Have you ever an accident? ☐ Yes ☐ No

If so, state date & circumstance of the accident consequencies

Have you previously been or are your now insured against Personal Accident with any insurance company?

If so, state particulars

Has any insurance company declined proposal for Personal Accident by you or accepted on special terms or declined to continue or renew you Personal Accident Policy. ☐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

I declare that the statements contained in this proposal made by me are correct and true. Also, I agree that this proposal to be the basis of the Insurance contract and is deemed to be incorporated therein.

Proposer's Signature Date: