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PROPOSAL AND DECLARATION FORM FOR PERSONAL ACCIDENT INSURANCE

FULL NAME OF PROPOSER
(State whether Mr./Mrs/ Miss or other title)

ADDRESS

E-Mail:

BUSINESS OR OCCUPATION..... NATIONALITY.....

1. Date of Birth..... 19..... Height Weight.....

2. Married or Single

3. State if you are

- a) engage in commercial or clerical duties only
- b) Master working or workman (without machinery)
- c) Master working or workman (with machinery)

4. For what accidents have you received medical attention during the past three(3) years? Give full particulars

Nature of accident	Date	Duartion

5. Do you engage in any of the following activities?

- (a) Motor Cycling
- (b) Foot balling
- (c) Big game hunting
- (d) parachuting
- (e) Diving
- (f) Mining

6. Do you engage any other type of hazardous activities? If so, give details.

7. Have you any intention going outside your country of residence, if so where?

8. Do you have or have you ever had accident insurance, if so where? If yes give Company and sum assured?

9. Has any insurer ever

- (a) decline or required special terms to insure you? (a)
- b) cancelled or refused to continue your insurance?(b).....
- c) increases your premium on renewal ? (c).....

10. State the amount of benefit required for :-Death GH¢.....
 Permanent Disablement GH¢.....
 Temporal Total Disablement GH¢.....
 Medical Expenses GH¢.....

11. BENEFICIARIES IN CASE OF DEATH

NAME	AGE	RELATIONSHIP	SEX

I/ We warrant that the above statements and particulars are true and I We hereby agree that this Declaration shall be held to be a promissory and of continuing effect and shall form the basis of and be deemed to be incorporate in the Contract between me/us and PHOENIX INSURANCE COMPANY and I/We are willing to accept a Policy subject to the Terms prescribed by the company.

Date..... Signature of Proposer.....

Agent No.....

The LIABILITY of the Company does not commence until Premium has been paid and official receipt issued