

SECTION 1 DETAILS OF PROPOSAL

PROPOSAL FORM FOR INSURANCE

PERSONAL ACCIDENT - INDIVIDUAL

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

1.	a. Policy No.:
	b. Employer:
	c. VAT No./TRN (where applicable):
	d. Name of Proposer:
	e. Occupation:
	f. Date of Birth:
2.	Have you suffered, or do you suffer from:
	a. impairment of sight or hearing, varicose veins, rupture or any ailment affecting the heart? 🗆 Yes 🗆 No
	b. any other serious injury or illness? □ Yes □ No
3.	Do you engage in hunting, steeple chasing, racing of any kind (other than on foot), rugby, football, polo, motorcycling, mountaineering, winter sports, aeronautics, or air travel other than as a passenger by a regular airline on multi-engined charter aircraft operating over a scheduled route?
	If Yes, specify which:
4.	Has any insurer ever declined a life, accident or illness proposal from you, or declined to continue your insurance or imposed special conditions? ☐ Yes ☐ No
	If Yes, please explain:
5.	Is this insurance to be additional to any other accident or illness policy? ☐ Yes ☐ No
	If Yes, give particulars of all other policies:
SEC [°]	TION 2 DECLARATION
NO	TE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.
	reby declare that the above answers are true, that, to the best of my knowledge, I am in good health and that I am/ays have been of strictly sober habits.
Pro	poser Name (Please print)
Sig	nature Date