

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

IMPORTANT: When completing this form you must disclose all material facts. Material facts are those which may influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material, you should disclose it. Non-disclosure or withholding of any material facts may completely invalidate your insurance policy and leave you without cover.

AGENT / BROKER / BRANCH	
Name	
Code No.	

Please complete this form using **BLOCK letters only**. You are advised to read the NOTES overleaf before completing this form

1. PROPOSER'S DETAILS

1.1 Name in Full

1.2 VAT / SVAT Registration No Company Registration No
NIC No

1.3 Postal Address

1.4 Telephone Number Fax No Email

1.5 Address of risk to be insured (if different from above)

1.6 Occupation / Professions

1.7 Period of insurance required From To

1.8 Do you wish to cover against ;
 Riot and Strike? Yes No Terrorism? Yes No Motor cycling? Yes No

2. SUM INSURED (continue on a separate sheet if necessary)

2.1 Sum Insured
(The maximum sum insured should not increase 5 years income) Rs.

2.2 Monthly income Rs.

3. RISK DETAILS (continue on a separate sheet if necessary)

3.1 If proposer is not the person to be insured, please state Name, Address and Telephone Number of person to be insured

3.2 Date of Birth Height Weight

3.3 Territorial limits : Domestic Worldwide

3.4 Have you any physical defects, infirmity, sickness or disease of any kind? Yes No
If 'Yes', please provide details

3.5 Are you at present insured against accident or sickness? Yes No
If "Yes", please state Name of Insurer and Sum Insured

3.6 Benefits required ;
 (a) Death Yes No
 (b) Permanent Disablement Yes No
 (c) Temporary Total disablement (Maximum 52 weeks) Yes No

3.7 Are there any circumstances connected to your occupation, pastime or habits of life that render you particularly liable to injury and sickness? Yes No
If 'Yes', please provide details

3.8 Are you presently in good health? Yes No

3.9 Do you intend to undertake air travel other than as a fare paying passenger? Yes No

If 'Yes', please provide details

3.10 Has any insurer ever declined to insure you, deferred or accepted on special terms for life, accident or sickness insurance or cancelled or declined to renew your policy for accident or sickness? Yes No

If "Yes", Please give details

3.11 Please state below particulars injuries/illnesses you have sustained during the last 5 years

DATE	NATURE OF INJURY/ILLNESS	PERIOD DISABLED

3.12 In the event of a death, beneficiary to whom the proceeds of this insurance policy should be paid to :

NAME IN FULL	ADDRESS	RELATIONSHIP TO THE INSURED	NIC NUMBER	LIMIT OF PROCEEDS

DECLARATION

I/We hereby declare that the above answers are to the best of my/our knowledge and belief, true and complete and that I/We have not withheld or concealed any material information regarding this proposal. I/We agree that this declaration, and the answers given above, as well as any further proposal or declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and LOLC General Insurance Limited.

Liability of the Company shall not attach until cover is confirmed in writing by LOLC General Insurance Ltd and the premium has been received

DD/MM/YYYY

Date

Signature and Company Seal

NOTES

- A complete answer should be given to each question (Please (✓) tick where applicable)
- Cover against Terrorism cannot be obtained without Riot & Strike Cover.

FOR OFFICE USE			
Checked & Accepted by	<input type="text"/>	Rated by	<input type="text"/>
Credit Approved by	<input type="text"/>	Date Approved	<input type="text" value="DD / MM / YYYY"/>
Signature of Manager	<input type="text"/>	POLICY NUMBER	<input type="text"/>



LOLC GENERAL INSURANCE LIMITED

Company Registration Number: PB 4823

Registered Office: No 100/1, Sri Jayawardanepura Mawatha, Rajagiriya, Sri Lanka. Business Office: No. 440, Havelock Road, Colombo 06, Sri Lanka.
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