

PROPOSAL FORM – GROUP/INDIVIDUAL PERSONAL ACCIDENT INSURANCE

- 1- Name of Proposer (in full): _____
2- Address: _____
3- Name and address of person to be insured (if different from proposer above): _____

(N.B. where the person to be insured is not the proposer , but a Company or Business all personal details must be completed by the person to insured . And the Declaration must be signed by both the proposer and the person to be insured).

- 4- Occupation (Please give full details: _____
5- Date of Birth: _____
6- Period of Insurance: From: _____ To: _____ (Both days inclusive)
7- Height: _____ Weight: _____

Have you consulted a doctor or medical attendant in
Connection with illness or accident during the last 5 years YES/NO

Have you ever suffered from any infection of the eyes, ears
Heart, from fits, paralysis, slipped disc or any other disorders
Of the back, nervous disorders, veins or any other mental or
Physical infirmities or defect?
YES/NO

Are you now in poor health and/or do you suffer from any
Physical defect or infirmities?
YES/NO

Are there any circumstances concerned with your occupation
Habits, pursuits, which render you especially liable to accidents YES/NO

Do you drive, or travel by, any motor vehicle other than a Public
Transport vehicle in connection with your occupation During
Working hours?
YES/NO

Are you now insured or proposing to meet further insurance against
Personal Accident with this or any other insurer? YES/NO

Have you ever had a Personal Accident, sickness or life Assurance Declined, terminated or subjected to special terms By any insurer? YES/NO

Have you ever had a Personal Accident, sickness or life Assurance Declined, terminated or subjected to special terms By any insurer? YES/NO

(IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE GIVE FULL DETAILS SEPARATELY)

8- Please Complete the following as required:

Cover required (Please see definition of cover)	Please tick			Benefits selected	Premium
	A 24 HR	B Excl. WCA	C At Work Only		
1- Accidental Death					
2- Death and Permanent Disablement (Continental Scale)					

DECLARATION:

We/ I the participant(s) agree and understand that we/I, by adhering to this Insurance plan, shall be entitled to benefit from the designated Insurance Account that has been created for the benefit of all participants and that we/I share the same rights and obligations like all other participants with respect to this account to which this Policy relates on the basis of Ta'awun.

We/ I agree that Saudi United Cooperative Insurance (Walaa) in its capacity as Operator (The "Operator") will manage all Insurance activities for the benefit of the Participants

Signature (S): _____

Date: _____

N.B. Cover does not commence until the proposal is accepted the insurer and the first premium paid.