# PERSONAL ACCIDENT APPLICATION FORM

Insurance IMG Management Group Ltd.

## APPLICANT INFORMATION

| | | |
|---|---|---|
| Family name: ---------- | | |
| *First* | *Middle/Father's* | *Last* |
| Date of birth: ---------/--------/--------- | Nationality: ---------- | |
| Address: ---------- | | |
| E-mail address: | ---------- | |
| Telephone No.: | Home | Mobile | Office |
| | ---------- | ---------- | ---------- |
| Occupation: ---------- | | |
| Requested period of insurance: | From: --------/-------/-------- | To: --------/-------/-------- |

## INFORMATION

| | | |
|---|---|---|
| **1.** Please state the requested sum insured and benefits: | | |
| • Death; a principle sum of | ---------- | |
| • Total permanent disablement: | ☐ Yes | ☐ No |
| • Partial permanent disablement: | ☐ Yes | ☐ No |
| • Temporary total disablement: | ☐ Yes | ☐ No |
| **2.** Do you fly other than a fare paying passenger on regular airlines | | ☐ Yes ☐ No |
| **3.** Has any accident or illness prevented you from attending to your business or occupation for periods of more than 14 consecutive days during the past three years? | | ☐ Yes ☐ No |
| If yes , please clarify ---------- | | |
| **4.** Do you participate in any hazardous activity such as? | | |
| a) Winter sports? | | ☐ Yes ☐ No |
| b) Skin diving involving the use of breathing apparatus? | | ☐ Yes ☐ No |
| c) Rock climbing or mountaineering? | | ☐ Yes ☐ No |
| d) Hang-gliding or parachuting? | | ☐ Yes ☐ No |
| e) Driving or riding in any kind of race or competition? | | ☐ Yes ☐ No |
| f) Professional sport activities | | ☐ Yes ☐ No |
| g) Riding motor cycles or motor scooters? | | ☐ Yes ☐ No |
| If yes, state C.C ---------- | | |

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| If you have ticked any of the "yes" boxes give full details below: | |
|---|---|
| Question No. | Details |
| | |
| | |
| | |

**5.** Beneficiary (ies) and relationships:

| Name | Relationship | Percentage |
|---|---|---|
| | | |
| | | |
| | | |

## INSURANCE HISTORY

| | |
|---|---|
| **1.** Is there any other insurance on the same interest in force? | ☐ Yes ☐ No |
| If yes, please specify name of company & sum insured ---------- | |
| **2.** Have you been previously insured? | ☐ Yes ☐ No |
| If yes, please specify name of insurance company ---------- | |
| **3.**Has the insurance now proposed been declined, cancelled, refused renewed or subjected to special terms by any insurance company? | ☐ Yes ☐ No |
| If yes, please specify name of company ---------- | |
| **4.** Have you ever suffered any loss for the last 3 years whether insured or not? | ☐ Yes ☐ No |
| If yes, specify when and estimated loss ---------- | |

## MODE OF PAYMENT

| *Premium payment. Please select one of the following options:* | |
|---|---|
| | ☐ Cash |
| | ☐ Direct payment (40% down payment and 60% in 3 months from inception date) |
| | ☐ Bank Standing Order or "Domiciliation" |
| | ☐ Bank Slip payment |
| | ☐ Third Party Collection |

# PERSONAL ACCIDENT APPLICATION FORM

| STATEMENT |
| --- |
| |
| **We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my knowledge and belief , complete and true , and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk.**<br>**It is agreed that the insurers are liable in the terms of this Policy only and that the insured will not lodge any other claims of whatever nature.**<br>**The insurers undertake to deal with this information in strict confidence.** |
| Name: ---------- |
| Date: ----------/---------/---------- |
| Signature:_____ |