

## PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

<b>Full Name of Proposer:</b>  <b>Full Address:</b> Principal Address Wasel Address Email address When established Commercial Registration no.	<b>Period of Insurance:</b>  From:  To:  (Both days Inclusive)	
<b>Full Business Description:</b>	Fax No.	Tel No.

1. Please indicate whether the insurance is to be:

a) restricted to occupational accidents only including travel to and from work ☐

b) on a 24 hour basis ☐

2. Please give below details of the persons to be insured:

*If insurance is required for fixed amounts, complete the following table:*

Persons to be Insured		Fixed benefits – state amounts to be insured under each heading			
Names (or if defined by category of occupation please state category)	Occupation	The amount payable on the death due to accident	Total & Permanent loss of or loss of use of one or more limb(s)	Total irrecoverable loss of sight and loss or hearing	Temporary total disablement

**If Insurance is required for multiples or proportions of basic annual wages / salaries complete the following table:**

[www.atmc.com.sa](http://www.atmc.com.sa)

السعودي المركزي البنك قبل من والرقابة للإشراف تخضع ، التأمين نشاط في تعمل مساهمة سعودية شركة

A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

تصريح مليون 300 المال رأس 7001727200 م.ر- 20129/33 / ن ت م رقم السعودي المركزي البنك SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

الإدارة العامة الرياض / العامة 643 ب.ص: الرياض 11421 هاتف 920008424 فاكس +966.11.2129444 Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

21 الدور ، الثاني العنود برج العليا فهد الملك طريق 9033 : العامة الإدارة : الوطني العنوان / السعودية العربية المملكة 12214 الرياض  
National Address: Head Office: 9033, Al Anoud Building, Tower 2 , 21st floor, King Fahd Rd, Al Olaya, Riyadh 12214 , Saudi Arabia

Persons to be Insured		State multiples or proportions of basic annual wages / salaries to be insured under each heading		
Categories of Occupation	Number of Persons	Total Annual Basic Wages/Salaries (SAR)	The amount payable on the death due to accident	Permanent Disablement

3. If the benefits selected are related to salary or wages what is the maximum annual salary or wage paid to any person?

SAR

4. State the maximum total benefit required collectively for all persons arising out of any one accident.

SAR

5. Do you wish cover to be:  
(a) Restricted to KSA?  
(b) Worldwide?

6. Are any of the persons to be insured over 65 years of age? If so, give details.

7. To the best of your knowledge are all persons to be insured in good health and free from physical disability? If not please give details.

8. Do you now hold a personal accident policy? If so with whom and for what benefits?

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9. Please give details of any accidents causing death or permanent disablement that have occurred during the past 5 years to your employees.

10. Has any Insurer declined a group personal accident proposal for you or declined to continue such insurance or imposed special terms? If so give details

11. Have you, your Directors, Partners or family members involved with the business ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled? If so, give particulars.

12. Have you ever had any special terms or conditions imposed? If yes, please provide details

13. Have you ever been convicted or charged (but not yet tried) with any criminal offence? If yes, please provide details

14. Are there any material facts you want to declare?

#### Material Facts

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

Any additional information?

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Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

### **DECLARATION:**

**I/We** hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind me to complete the insurance nor ATMC to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer  
& Company stamp:

Date :

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