

PERSONAL ACCIDENT UPGRADE APPLICATION FORM

Policy No.: _____

Name of Policyholder: _____

Name of Insured Person: _____

Occupation and Duties: _____

New Sum Insured Requested: _____

Effective Date of Changes: _____

Reason(s) for Upgrade: _____

Please list any sickness or injury suffered by you since the inception date of this policy:

Please list any change in address, occupation, habits or pursuits since the inception date of this policy:

I hereby declare that to the best of my knowledge and belief, all answers to the foregoing questions are correctly and accurately recorded, and that they are full, complete and true. I understand that the completed truth of these statements is a precedent to any liability under the above captioned policy.

Signature of Insured Person

Date (day/month/year)