



**PROPOSAL FORM FOR GROUP PERSONAL ACCIDENT INSURANCE**

**Particulars of Persons to be Insured  
All questions should be answered (a dash is not sufficient)**

1. Name of proposer in full .....

Address:..... TIN No.....

Email Address: .....Telephone .....

2. Nature of Business in which you are engaged (if more than one, state all)

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3. State period of insurance and commencement date required.

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4. What Capital (Total) Sum(s) do you wish to insure on?

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5. Do you wish cover to be on (Please tick appropriate box)

(a) Occupational basis

(b) 24 hours basis

(i) Seychelles only

(ii) Worldwide

6. (a) Do you wish cover for Medical Expenses (maximum limit Scr 50,000)

Yes       No

(b) If yes, state limit.

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Please note that the following activities are excluded:-

- (a) Horse Riding
- (b) Driving or riding in any kind of Race or Competition
- (c) Rock Climbing normally involving the use of ropes or guides
- (d) Mountaineering normally involving the use of ropes or guides
- (e) Paragliding and other water sports

**SCHEDULE OF ALL EMPLOYEES TO BE COVERED**

<b>CATEGORY OF EMPLOYEES</b>	<b>ESTIMATED NO.OF EMPLOYEES</b>	<b>SUM INSURED</b>
1.		Rs.
2.		Rs.
3.		Rs.
4.		Rs.
5.		Rs.
6.		Rs.
7.		Rs.
8.		Rs.
9.		Rs.
10.		Rs.
11.		Rs.
12.		Rs.

***SIGNING THIS FORM DOES NOT BIND THE PROPOSER TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.***

Date: ..... Signature of Proposer .....

## SCHEDULE OF COMPENSATION

This Insurance covers in respect only of such of the following benefits:

### Death 100% of Sum Insured

#### Permanent disability shall mean

(a)	Loss by physical separation at or above the wrist or ankle of one or more limbs .....	100
(b)	permanent and total loss whole eye .....	100
	sight of eye .....	100
	sight of eye except perception of light .....	75
(c)	permanent and total loss of hearing both ears .....	100
	one ear .....	25
(d)	permanent and total loss of speech .....	100
(e)	injuries resulting in permanent total disability from ever following usual occupation or any other occupation for which such person is fitted by knowledge or training .....	100
(f)	loss of four fingers .....	70
(g)	loss of thumb both phalanges .....	50
	one phalanx .....	20
(h)	loss of index finger three phalanges .....	20
	two phalanges .....	16
	one phalanx .....	8
(i)	loss of middle finger three phalanges .....	12
	two phalanges .....	8
	one phalanx .....	4
(j)	loss of ring finger three phalanges .....	10
	two phalanges .....	8
	one phalanx .....	4
(k)	loss of little finger three phalanges .....	8
	two phalanges .....	6
	one phalanx .....	4
(l)	loss of metacarpals first or second (additional) .....	6
	third, fourth or fifth (additional) .....	4
(m)	loss of toes all on one foot .....	50
	great, both phalanges .....	10
	great, one phalanx .....	4
	other than great, if more than one toe lost, each .....	4

**Temporary Total Disability** (which entirely prevents you from attending to your business or occupation of any and every kind)

2.5% of the sum insured per week or your actual weekly income whichever is the lower for a period not exceeding 52 weeks.

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The geographical limits of this Insurance are:

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The premium:

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Proposal dated:

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