



SACOS INSURANCE COMPANY LTD

P.O Box 636, Republic of Seychelles

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PROPOSAL FORM FOR 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 Date of Birth

Address: Height

Telephone No.: Weight

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

(i)

(ii)

(iii)

3. State period of insurance and commencement date required

.....

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

.....

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

(i) Occupational basis

or

(ii) 24 hour basis Seychelles only

or

Worldwide

<p>6. If you travel by air as a passenger in a properly licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern, please state</p> <p>(a) the number, and</p> <p>(b) the destinations of flights anticipated each year.</p>	<p>(a)</p> <p>(b)</p>
<p>7. Do you wish to be covered for the following risks which are NOT covered unless specifically agreed and endorsed on your policy?</p> <p>(a) Air Travel other than as described in Questions 6?</p> <p>(b) Horse Riding</p> <p>(c) Driving or riding in any kind of Race or Competition?</p> <p>(d) Riding Motor Cycles or Motor Scooters</p> <p>(e) Skin Diving involving the aid of breathing apparatus?</p> <p>(f) Rock Climbing normally involving the use of ropes or guides?</p> <p>(g) Mountaineering normally involving the use of ropes or guides?</p> <p>(h) Paragliding and other water sports</p>	<p>(If so, please give details)</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p>
<p>8. Do you intend to pursue any sport or activity not referred to above and which is likely to involve extra risk of accident?</p>	
<p>9. (a) Is your vision defective? If so, to what extent.</p> <p>(b) Is your hearing defective? If so, to what extent.</p>	<p>(a)</p> <p>(b)</p>
<p>10. What accidents have prevented you from attending to your occupation or business for periods of more than 14 days during the past three years?</p>	

11. Are you now insured against accident? If so, with whom and for what capital amount and weekly benefits.	
12. Have you ever been declined or accepted on special terms, for life and accident insurance, by or have any Company ever cancelled or declined to renew your policy? If so, please give details.	

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
(in percentages of the Capital Sum)**

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 the Insured Person from attending to their business or occupation of any and every kind) 2.5% of the sum insured per week, or their actual weekly income whichever is the lower for a period not exceeding 52 weeks.

SCHEDULE

Policy No.
The Assured
The Address of the Assured
The Occupation of the Assured
The Period of insurance is from to both days inclusive.
The Geographical Limits of this Insurance are
The Premium

SCHEDULE OF INSURED PERSONS

Name	Address	Occupation	Date of Birth	ID Number	Capital Sum Insured

SCHEDULE OF INSURED PERSONS

(Contd)

Name	Address	Occupation	Date of Birth	ID Number	Capital Sum Insured