



2. Has the Insured been insured before? \_\_\_\_\_ Yes/No  
 If Yes, name of Company: \_\_\_\_\_

Previous Claims if:

| YEAR | CLAIMS AMOUNT |
|------|---------------|
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |

4. Extension Required:  
 Riot & Strike: \_\_\_\_\_ Yes/No.

5. Has any company:  
 i. Declined to issue a policy to you? \_\_\_\_\_  
 ii. Declined to continue your insurance? \_\_\_\_\_  
 iii. Not invited the renewal of your policy? \_\_\_\_\_  
 iv. Imposed any restrictions or special conditions? \_\_\_\_\_  
 If so, give names of each Company. \_\_\_\_\_

6. Is this Insurance to be additional to any other Accident and/or sickness Policy?  
 If so give particulars of all other policies.  
 Name of company \_\_\_\_\_ Sum Insured \_\_\_\_\_  
 Policy No \_\_\_\_\_

7. Amount of Insurance for death or P.D. \_\_\_\_\_ Class: \_\_\_\_\_ Table: \_\_\_\_\_  
 Accidental Medical Expenses: \_\_\_\_\_ Temporary Total Disablement: \_\_\_\_\_  
 (Per week max 104 weeks).

8. Beneficiary in the event of death: A). Name: \_\_\_\_\_  
 B). Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**DECLARATION**

I hereby declare that I have in the foregoing particulars stated the truth without any reservation whatsoever and I agree and give permission on the Insurer to refer to any person, firm or organization named herein for confirmation of the dates and/or other details.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_