



SIC INSURANCE COMPANY LIMITED

P.O. Box 2363, Accra Ghana
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FAMILY PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

1. APPLICANT'S FULL NAME OF
 (State Mr, Mrs, or Miss)

RESIDENTIAL ADDRESS.....

POSTAL ADDRESS.....

TELEPHONE.....E-MAIL.....

2. Persons to be Insured	Husband	spouse
Surname
First Names
Date of Birth
Occupation

The company has to be informed of any change in occupation duties of the Insured persons during the period of insurance.

3. Sums Insured applied for: (i) Husband (a) Accidental Death	GH¢.....
(b) Permanent Disablement	GH¢.....
(c) Temporary Total Disablement	GH¢..... per week limited to 52 wks in all
(d) Medical Expenses due to accident	GH¢.....
(ii) Spouse (a) Accidental Death	GH¢.....
(b) Permanent Disablement	GH¢.....
(c) Temporary Total Disablement	GH¢..... per week limited to 52 wks in all
(d) Medical Expenses due to accident	GH¢.....

(ii) Children (Age Limit 2 to 18 years only)					
	Name	Date of Birth	Death	Benefits Payable	
				Permanent Disablement	Medical Expenses
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

4. (a) Have you or any of the proponents suffered or have varicose veins?
- (b) Have they been ruptured?.....
- (c) Is your sight or any of the proponents' sight and hearing good?
- (d) Have you or any of the proponents ever suffered from a disease of the eyes or ears?
- (e) Have you or any of the proponents had paralysis or a fit of any kind?
- (f) Do you or any of the proponents suffer from any bodily infirmity other than as above?

5. Are you or any of the proponents Insured against accident? If so, state amount on Policy or Policies and name of the company

6. (a) Have you or any of the proponents ever met with an accident requiring medical attendance? If so, give full particulars of all such accidents and state whether there is full recovery.

(b) Have you or any of the proponents ever made a claim or claims against any accidents? If so, give full particulars, including nature of injury of sickness, dates and amounts of claims.

7. State whether:-

You and all proponents ordinarily enjoy good health, and are in good health at the present time, if not give details

8. Do you or any of the proponents wish to Insure against accidents while engaging in mountaineering, winter sports, Motor Cycling, professional football or polo?

9. Do you or any of the proponents contemplate making any journey beyond the territorial limits of Ghana?

	For Husband	For Spouse	Relationship
10. Accidental death benefits should be made payable to the stated beneficiaries, if Trustees, please state clearly	Name.....		
		
	Address.....		
		
		

11. To the best of your knowledge, are all persons to be insured in good health and free from physical impairment of deformity? If not, give full particulars

.....

12. Have you or any person to be insured ever made an application for Life/Personal Accident which has been declined, postponed or withdrawn, or has any such Policy issued been modified, raised up, cancelled or has renewal been refused? If so, give details

.....

13. Are double death benefits required? (See note 5 below)

14. This insurance is to commence on theday of.....20.....
 and expires on theday of20.....

DECLARATION

I hereby declare that the above answers are true and that I have not withheld or concealed any circumstance affecting the proposed Insurance and I agree that this proposal and declaration shall be the basis of the contract between me and SIC Insurance Company Limited.

.....
 (Date) (Signature of Husband) (Signature of Spouse)

GENERAL NOTES

1. This Insurance is subject to the usual Policy Conditions.
2. The Family Personal Accident Insurance Policy provides cover on a 24 hours basis including the risk of flying as a passenger in any scheduled or unscheduled Commercial Aircraft.
3. Children above 18 years who are not in a gainful employment shall be covered if specifically agreed by the company.
4. Children are insured for a maximum of ₵ 2,000 for interment costs due to accidental death and permanent disablement ₵ 100,000.
5. Death benefits rider is payable should both the husband and spouse die as a result of the same accident, the sum insured payable may be increased by an optional selected percentage.
6. Children below 18 years of age shall have no right of action under the policy unless through their parents or next of kin.
7. It is a condition of the policy, that evidence of age at entry shall have been provided at inception of the policy in respect of each child covered

For Office Use Only

(a) Husband	GH¢
(b) Spouse	GH¢
(c) Death benefits rider	GH¢
(d) Children	GH¢
Prepared By:.....Premium Stamp Duty	GH¢
Checked and approved by.....	GH¢
Date..... Total Premium
	GH¢

The liability of the Company does not commence until the acceptance of the proposal has been intimated by the Company, or official cover-note issued.