



SIC INSURANCE COMPANY LIMITED

P.O. Box 2363, Accra Ghana
 HEAD OFFICE: NYEMITEI HOUSE 28/29 Ring Road East. Tel (030) 2-280600-9 Fax (030) 2-780615
 Ring Road West: (030) 2-228926/ 228922/228962/228987/ 230041-2, Fax (030) 228970/ 224218
 E-mail:sicinfo@sic-gh.com Website: www.sic-gh.com

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

Answers in
BLOCK Letters
please

FULL NAME OF PROPOSER.....
 (State Mr, Mrs, or Miss)

ADDRESS.....

OCCUPATION OR BUSINESS.....NATIONALITY.....

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

1. State if you are (a) Engaged in commercial or clerical duties only (b) Master superintending only and not working (c) Master superintending and occasionally working (d) Master working or workman (without machinery) (e) Master working or workman (with machinery) Strike the four not applicable	Height.....m.....
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2. Born at.....onthe.....20.....	Weight.....Kilos.....
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3. (a) Do you engage in football or polo, mountaineering, yachting, racing or any kind of steel chasing hunting, big game, shootings or motor cycling? N.B:- Accidents resulting from the above can in certain Circumstances be covered by special agreement at an additional premium (b) Do you engage in aviation or aeronomics?
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4. (a) Are you and have you always been of temperate habits (b) Are you now in good health? (c) Are you now or do you intend to remain a total abstainer?
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5. Have you suffered from any rupture, varicose veins or or any other physical defect infirmity?
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6. Have you ever had (a) Sprain? (c) Fracture? or dislocation?
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7. Is your sight or hearing impaired or have you suffered from a fit of any kind or any disease of the eye or ear?

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8. Please state fully what illness operations or bodily injuries (except childhood complains) you have suffered necessitating medical attention.....

Nature of ailments	Duration	Date

9. Do you suffer from or have you a tendency to any ailment or disease?

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10. Have you during the last twenty one days been exposed to any infectious disease?

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11. Are there any circumstances connected with your occupation, health pursuits or habits of life which render you particularly liable to injury or illness?

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12. Has any near relative suffered from tubercular disease cancer or insanity? If so give particulars.

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13. Have you any intention of going outside your country of residence, if so where?

.....

14. (a) Have you ever claimed or received compensation under any form of accident and/ or sickness policy?.....

If so, please give particulars

Date	Amount Received	Name of Claim	Nature of Claim

15. (a) Have you ever proposed for accident and/ or sickness insurance
 (b) 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 special conditions or exclusions?
 (v) Will this insurance be additional to any accident or sickness policy?

Nature of each
 (a).....Company).....
 (i).....Name of each)
 (b).....Company).....
 (iii).....If so give particulars)
 (c).....of all other policies)

16. (a) Have you ever proposed for life insurance?
 (b) Is so, was the proposal accepted as a first class life:
 (c) or At extra rate:
 (d) or Withdrawn, deferred or declined?
 If accepted as a first-class life please give name of company and date of acceptance.

Sum insured at)	Premium
Death) GH¢.....Table.....Class	ADD: Medical Expenses.....GH¢ Sports (Motor Cycling etc)
Insurance for 12 months from.....	DEDUCT: Total Abstainer.....GH¢

Declaration: I, the undersigned proposer above named declare and warrant that the above questions are fully and truthfully answered and that I have not withheld or concealed any circumstances affecting of any other insurance (except) coupon) against accident (b) that this declaration shall be held to be promissory and that it and the answers above given and not any extraneous knowledge or information possessed by SIC Insurance Company Limited shall be the basis of the contract between me and the Company and (c) to accept a policy subject to the provisions exceptions and conditions thereof. I also declare that my weekly income exceeds the gross amount of weekly indemnity for disablement by accident now insured to be insured by me.

Date:20..... Signature of Proposer.....

(Agent's recommendation: I have known the proposer)

.....Years and recommended acceptance of) AGENT.....No.....
 this proposal

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

CLASSIFICATION OF OCCUPATIONS

CLASS 1:- Professionals Land Mercantile classes generally and those engaged in non- hazardous occupations such as:- Accountants, Actuaries, Architects, artists, Authors, Bankers, Barristers, Book Keepers, Clergymen, Commercial Clerks or agents, Commercial Travellers, Dentists, Drapers, Druggist, Editors, Estate Agents, Factor, Insurance Official, Land Surveyors, Photographers (studio), Physicians Surgeons (not Veterinary), Stockbrokers, Tax Collectors.

CLASS 2:- Master Tradesmen and normally engaged in manual labour superintending the operations of their work. People in hazardous occupations (see Class 3 for list of examples): and master tradesmen engaged in manual labour in occupations of medium risk such as:- Builders, Clerks, Butchers, Cabinet Makers (not using circular saw), clerks of Works, Coach Builders, Dairyman(not using machinery)Farmers, Bailiffs, Fish mongers, Gardeners, Licensed Victuallers, Motor engineers.

CLASS 3:- Master Tradesmen engaged in manual labour in hazardous occupations such as:- Builders, Carpenters (Not using Circular Saw), Wood Dealers, Decorators, Gasfitters, Glaziers, Joiners (not using circular saw), Masons, Painters, Plasters, Plumbers, Veterinary Surgeons.