OMAN UNITED INSURANCE CO. S.A.O.G.

الشركة العمانية المتحدة للتأمين ش.م.ع.ع

SECURITY SERVICES

P.O. Box 1522, Postal Code: 112 Ruwi, Sultanate of Oman, Tel.: 244 77425
Fax: 244 77 334 E-mail: enquiry@ouic.com.om Website: ouic-oman.com C.R. No.1/23725/0

(PERSONAL ACCIDENT PROPOSAL FORM)

Insured details :	Insured Name:	
	Date of Birth:	
	Business / Occupation:	
	Amount of Monthly Income:	
	Sponsor:	

Address:	P.O. Box		P.C.		Contact No.	
	Fax No.				Email:	

Amount of Insurance Required and the benefits	- Principal Sum minimum	
	- Weekly Indemnity: (25% of total Monthly income per week)	
	- Medical Expenses: maximum each claim	
	- Repatriation (if required): Maximum	

(Please Tick) √

	Yes	No	Remarks
1. Do you suffer from any problems with your hearing and / or eyes sight?			
2. Do you suffer any physical defect or infirmity or from ill health of any description? Please give particulars			
3. Are you now in and do you ordinarily enjoy good health			
4. Do you intend to pursue any business or occupation or any sport or pastime rendering you more than usually liable to accident			
5. Do you engage in any football, hunting, racing and winter sport (These risks are not covered unless specifically agreed and endorsed on the policy) at an additional Premium			
6. Have you ever met with a previous accident the result of which might effect the company evaluation of the risk insured? State details			
7. Did you make a claim against any insurance company in consequence thereof; if so, what is the amount of claim?			
8. Are you now insured against accident or illness? With whom? And for what capital amount?			
9. Have you ever been declined or accepted on special terms for life, accident or illness insurance?			
10. Has any company ever cancelled or declined your policy?			
11. Are there any additional Material Facts affecting the proposed insurance which should be disclosed to the company?			
12. Beneficiaries :			

Period of Insurance:	No. of Days:	From	To

I/we, the person(s), signing here below (or signing on behalf of the person to be insured) do hereby declare that the statements given in this proposal are true and complete and I/we agree that this proposal and statements given in this proposal shall be the basis of the proposed contract of insurance between the company and myself/ourselves and that if anything contrary to the truth be stated or if any information which ought to be made known to me/us with reference to the proposed insurance be withheld or concealed, any policy which may be granted in pursuance of this proposal shall be null and void.

Name ---------- date ---------- signature ----------