

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

It is essential that you provide the following information, so that we can properly assess your proposal. If in doubt whether a fact is material, it should be disclosed. If you do not answer any question, we will imply that you have nothing to disclose.

1. Person to be Insured :

Name in full:
 (Mr. /Mrs. /Miss)
 Address:
 Tel No.
 NIC No. Height: Weight:
 Date of Birth(dd/mm/yyyy):..... E-Mail :
 Profession or Occupation:

2. Proposer (To be completed only if the proposer is not the person to be insured) :

Name in full:
 (Mr. /Mrs. /Miss)
 Address:
 Tel No. :

3. Beneficiary to whom the proceeds of this policy should be paid in the event of death :

Name in full:
 (Mr. /Mrs. /Miss)
 Address:
 Relationship to the Insured Person:
 NIC No. :

4. Territorial Limits : Worldwide

5. Period of Insurance: From To

6. Capital Sum Insured Rs.

7. Benefits Required (State Yes or No)

7.1 Death	Sum Insured	
7.2 Permanent Disablement	As per our Standard Schedule	Yes / No
7.3 Temporary Total Disablement	0.5% of Sum Insured per week or weekly earnings (Maximum 52 weeks)	Yes / No
7.4 Do you require any of the following extensions?		Yes / No
Motor Cycling (As rider or passenger)		Yes / No
Strikes, Riots, Civil Commotions		Yes / No
Terrorism		Yes / No
Any Other		Yes / No

8. Other Information			If "Yes", please give details
8.1 Are you at present insured against accident or sickness?		Yes / No	(i) Name of the Insurer (ii) Sum Insured Rs.
8.2 Have you ever been declined, differed or accepted on special terms for life, accident or sickness insurance or has any insurer cancelled or declined to renew your policy for accident or sickness ?		Yes / No	
8.3 Are there any circumstances connected to your occupation, pastime or habits of life that render you particularly liable to injury or sickness ?		Yes / No	
8.4 Do you intend to undertake air travel other than as a fare paying passenger ?		Yes / No	
8.5 Have you any physical defects or infirmity or sickness or disease of any kind ? If yes, state nature.		Yes / No	
9. Give particulars of injuries you have sustained during the last five years.			
Date	Nature of injury or illness	Period Disabled	
<p>Declaration</p> <ul style="list-style-type: none"> I/We declare that to the best of my/our knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he / she acted as my / our agent for such purpose. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the company. I/We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at https://peoplesinsurance.lk/privacy-policy/ I/We agree to promptly notify the Company of any alterations or changes to the information provided herein. <p>Date: Proposer's Signature:</p>			
Business Channel			

TABLE OF PERMANENT DISABILITY BENEFITS (AS A PERCENTAGE OF THE SUM INSURED)

Description of Disablement	Percentage of Benefit
1. Loss of sight of both eyes	100
2. Total loss of use of two limbs	100
3. Injuries resulting in permanent total disablement from all further work	100
4. Loss of sight in one eye	50
5. Total loss of use of one limb	50
6. Loss of thumb - both phalanges	25
- one phalanx	10
7. Loss of index finger - three phalanges	15
- two phalanges	10
- one phalanx	5
8. Loss of finger other than thumb or - three phalanges	10
- two phalanges	7
index finger - one phalanx	3
9. Loss of toes - all	15
- big toe	5
- any other toe	2
<p>Where the disablement is not specified above, the Company will adopt a percentage of benefit which in its opinion is consistent with the above and without regard to the profession or occupation of the Insured Person.</p> <p>When more than one infirmity arises the total benefits shall not exceed 100%.</p>	