



SERENE INSURANCE COMPANY LIMITED

Head office: First Sky Tower, Com 25 Junction, After Kpone Barrier

P.O. Box PMB CO 90, Tema, Ghana

Telephone No. 0302-917444/6/7

PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

A. PROPOSERS DETAILS

1. Full Name of Applicant/Company/Insured: _____

2. Postal Address: _____

3. Tel.: _____ 4. Business or Occupation: _____

B. COMPANY'S POLICY

The Company's standard cover provides the following benefits

- a. Death Benefit : 100% of Capital Sums Insured
- b. Permanent Total Disability Benefit : 100% of Capital Sums Insured
- c. Temporary Total Disability Benefit : 1/52 of Annual Salary per week for 52 weeks
- d. Medical Benefit : 5% of Capital Sum
- e. If you wish to increase your medical expenses kindly state the percentage _____
- f. Burns Disfigurement? Yes No

(However, the applicant/Insured has the option to determine the limits of benefits preferable or adequate for (C) and (d) above).

C. Do applicant/Insured to be insured under suffer from any Impairment of health? Yes No

If so, impairment must be indicated in the declaration list attached hereto.

D. Who is considered the beneficiary in the event of a death claim? Please State the Name & Relationship of beneficiary _____

E. Do you have any existing or previous Personal Accident Insurance? _____ If yes, give details of:

i) The name of the Insurance Company _____

ii) The Capital _____

Sum _____ ii)

Date _____

Issued _____

Date _____

F. What is the Capital Sum to be insured? _____

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G. Has any insurance company declined your proposals for cover or refused renewal of your Policy?

If yes, give details _____

H. a) Have there been any accident/claims in your company/association in the last 3 years?

If yes, please give details

Year	No. of Accidents/Claims	Amount of Claims	Claims Outstanding

I) Proposed Period of Insurance from _____ TO _____

DECLARATION

I declare and warrant that the above statements are complete and true in every respect and that no material information has been withheld or suppressed. I agree to give notice to the Company of any variation in my profession or occupation, health, or pursuits and that this declaration shall be held to be promissory and shall form the basis of the Contract between me and **SERENE Insurance**. I further agree to accept this policy subject to the terms, provisions and conditions prescribed by the Company therein.

Date _____ Signature of Proposer _____

