

INDIVIDUAL PERSONAL ACCIDENT PROPOSAL FORM

Period of insurance required from D D M M Y Y To D D M M Y Y
DETAILS OF THE PROPOSER
Title
First names
PO Box number
Plot number Street, road, avenue, etc
Continued Date of birth D D M M Y Y
Full details of occupation profession or trade
Daytime telephone contact Code Number Number
GENERAL INFORMATION Height Weight
Are you engaged in manual work? Yes Do you superintend manual work? Yes No
Are you right or left handed?
Have you ever proposed to insure against accident with any other insurer? Yes No
If yes, give details of the Insurer. Address
If you are currently insured for Personal accident, give details.
In respect of any previous insurance, has any insurer declined cover, refused to Renew or required increased terms or conditions? If yes, give details

If you have previously met with an accident requiring medical attention Or made a claim, give details.	
Do you ordinarily enjoy good health? Yes	Are you now and have you been of No uniform sober habits? Yes No
Give details of any previous attack of Gout, diabetes or fit of any kind	
Have you ever suffered from a ruptured Varicose vein or any other physical defects or infirmity?	
Do you require cover at an additional Premium, whilst engaging in football or motor cycling?	
If you have any intention of residing Outside Tanzania, give details.	
BENEFITS REQUIRED	Give sums insured required in each section below
Death	
Permanent total disablement	
Temporary total disablement	
Medical expenses	
DECLARATION	
any circumstances affecting the p	nswers are true and that I have not withheld or concealed roposed insurance and this declaration shall be the basis of ampesa Insurance Agency and I will pay the premium when
Date	Signature
FOR OFFICE USE ONLY	
Policy Number	
Cover note number	