

Group Personal Accident Insurance

Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

1. General information

Please complete this form to apply for ADNIC Group Personal Accident Insurance. Submission of a completed proposal form is no guarantee for acceptance of the risk.

a. Name of the company: _____

b. Address (please show the address required on the policy)

Contact person's name: _____

P.O. Box: _____ City: _____

Country: _____ Phone number: _____

Mobile number: _____ Fax number: _____

Email address: _____

c. Type of company (bank, corporate, associations, etc.): _____

d. Business activity: _____

e. Number of members to be insured: _____

f. Please provide the occupation details of the members to be insured: _____

g. Segments to be insured:

Bank	Corporate	Association
(E.g.: Credit Card)	(E.g.: Employees)	(E.g.: Member)

h. VAT Tax Registration Number (if applicable): _____

2. Cover information

a. Cover required (please tick mark)

i) Accidental Death

ii) Permanent Total Disablement (Accident)

iii) Permanent Partial Disablement (Accident) (Continental Scale/Major losses)

iv) Accidental Medical Expenses: Limit in AED _____

v) Repatriation Expenses: Limit in AED _____

vi) Any other benefits (please specify): _____

2. Cover information (continued)

b. Information of the census to be insured

Please give the following details for each category or submit a complete census.

Category	Number of persons	Total annual earnings	Highest individual salary
A			
B			
C			
D			
E			

c. What is the sum insured basis?

Flat sum insured of: _____ or multiple of salary: _____

d. Effective date of cover (intended): From: _____ To: _____

e. Existing coverage

 Are you presently insured for Group Personal Accident risks? Yes No

If Yes, please give details of insurer/insurers and indemnity limit: _____

f. Claims experience for a minimum period of 3 years

Month/Year	Insurer	Premium paid (AED)	Causes of loss	Incurred claims (Claims received + outstanding) (AED)
I				
II				
III				

g. Has any insurance company:

 i) Declined to insure/or renew cover for the company? Yes No

 ii) Canceled an existing policy for the company? Yes No

 iii) Ever imposed restrictions or an increase in premium on the proposed company? Yes No

If you've answered Yes to any of the above three questions, please give full details: _____

Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer: _____

Title: _____

Signature: _____

(Signature must be preceded by the handwritten words: Read & Approved)

Stamp: _____

Date: _____

Note: Please note that each page of the Proposal Form should be signed by the Proposer or its legal representative