

Individual Life 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

- a. Name in full (Use block capitals): _____
- b. Date of birth: _____ c. Gender: Male Female
- d. Place of birth: _____
- e. Married or Single: _____
- f. Address: _____
- g. Occupation: _____
(Please describe your occupation in sufficient detail to indicate nature of duties)
- h. How long have you been in your occupation? _____
- i. Please provide your annual income from your occupation: _____
- j. VAT Tax Registration Number (if applicable): _____

2. Insurance details

- a. Sum to be assured: _____ Currency: _____
- b. Class of assurance
Please select one Level Term Assurance Decreasing Term Assurance
- c. Term of assurance (in years): _____
- d. Required insurance benefits
Please tick from the available options Death (due to any cause)
 Permanent Total Disablement (due to accident)
 Permanent Total Disablement (due to sickness)
- e. Frequency of premium payments
Please tick from the available options Annual premium Single premium
- f. Is this your first proposal form for life insurance with ADNIC? Yes No
If No, please provide the policy no.: _____

3. Travel history

a. Do you intend to engage in flying or any other hazardous pursuits in the next 12 months? Yes No

If Yes, give full details: _____

b. Do you intend to travel or reside abroad except for holidays? Yes No

If Yes, give full details: _____

c. Details of cverseas travel (please give full details): _____

4. Assurance history

a. Has a proposal on your life ever been made to this or any other assurance company?

Yes No

If Yes, give the names of assurance companies including dates and details of Sums Assured and term:

b. Has a proposal on your life ever been postponed, declined, or accepted only on modified terms?

Yes No

If Yes, give the names of assurance companies including dates and details of Sums Assured and term:

5. Medical information

a. Name and address of your doctor: _____

b. Have you changed your doctor in the last year? Yes No

If Yes, give the date of changes and name and address of the previous doctor: _____

5. Medical information (continued)

c. Have you during the last 5 years consulted your own doctor? Yes No

If Yes, give full details including the name of the doctor, reason for consultation and dates:

d. Have you during the last 5 years consulted any other doctor? Yes No

If Yes, give full details including the name of the doctor, reason for consultation and dates:

e. Have you ever had

i) Any lung trouble, eg., asthma bronchitis, pleurisy or pulmonary tuberculosis? Yes No

ii) Any heart trouble, rheumatism, or rheumatic fever? Yes No

iii) Any disease of the kidneys or urinary system? Yes No

iv) Any abdominal disorder, eg., peptic ulcer or persistent indigestion? Yes No

v) Any nervous trouble, eg., neurosis? Yes No

vi) Any accident or surgical operation? Yes No

vii) Any medical advice or treatment otherwise than as already stated? Yes No

If Yes to any of the above, give full details: _____

f. i) Have you had a rupture or any physical defect or deformity? Yes No

If Yes, give full details: _____

ii) Have you had any x-ray examinations? Yes No

If Yes, give in each instance the reason, date and result: _____

iii) Are you now in good health and is your health generally good? Yes No

5. Medical information (continued)

- g. Have you in the last five years had a condition requiring medication eg., raised blood pressure, diabetes, or used drugs for any other reason? Yes No

If Yes, give full details: _____

- h. i) Have you ever been tested, received medical advice, counseling or treatment in connection with AIDS or an AIDS-related condition? Yes No

If Yes, give full details: _____

- ii) Have you ever been tested, received medical advice, or treatment in connection with any sexually transmitted disease including hepatitis B? Yes No

If Yes, give full details: _____

- iii) Have you ever received a blood transfusion, or received blood products? Yes No

- i. Do you consume alcohol/tobacco? Yes No

If Yes, please answer the below questions under this section:

- i) What is your normal consumption of alcohol? Daily Weekly

- ii) What is your normal consumption of tobacco? Daily Weekly

- j. i) What is your height (without shoes) in cms? _____

- ii) What is your weight (indoor clothing) in kg? _____

- iii) What is your blood pressure? _____

5. Medical information (continued)

iv) Is your weight stationary in the past 2 years? If not, give details of recent changes

	Age if living	State of health	Age at death	Cause and year of death
i) Father				
ii) Mother				
iii) Spouse				
iv) Brothers				
v) Sisters				

6. Beneficiary (IES)

Name	Contact details	%	Relationship

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: _____

Signed at _____ on this day of 20
(place)

Signature of proposer: _____

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

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