

Individual 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 Individual Personal Accident Insurance.
Submission of a completed proposal form is no guarantee for acceptance of the risk.

- a. Full name of the proposer: _____

- b. Address of the proposer: **(Please show the address required on the policy)**
P.O. Box: _____ City: _____
Country: _____ Phone number: _____
Mobile number: _____ Fax number: _____
Email address: _____
- c. Date of birth (dd/mm/yyyy): _____
- d. Profession (Occupation, Trade, or Business): _____
(Please describe fully with nature of duties)

- e. VAT Tax Registration Number (if applicable): _____

2. Insurance details

- a. Sum insured required (in AED): _____
- b. Cover required: _____
- i) Accidental Death Yes No
- ii) Permanent Total Disablement (Accident) Yes No

3. Personal history

- a. Do you engage in
- i) Racing on wheels or horseback? Yes No
- ii) Big game hunting? Yes No
- iii) Mountaineering? Yes No
- iv) Winter sports, skiing, or ice hockey? Yes No
- v) Ballooning, polo, or sports of similar nature? Yes No
- vi) Flying or any other hazardous pursuits? Yes No

3. Personal history (continued)

b. What is your average monthly income from

i) Gainful employment: AED _____

ii) Other sources: AED _____

Total: AED _____

c. Have you suffered or do you suffer from

(Full particulars must be given in case the answer is 'Yes' to any of the following queries)

i) Any physical defect or infirmity? Yes No

ii) Gout, arthritis, diabetes, or paralysis? Yes No

iii) Fits of any kind or any other chronic disease? Yes No

iv) Any other disability? Yes No

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

If Yes, give full details: _____

e. Please provide full details of overseas travel: _____

f. i.) Have you ever proposed for Accident and/or Life Insurance

If so, give the name of each company and amount of insurance: _____

ii) Has any company

• Declined to issue a policy to you? Yes No

• Declined to continue your insurance? Yes No

• Not invited the renewal of your policy? Yes No

• Imposed any restriction pr special conditions? Yes No

If so, give the name and address of each company in respect of the above: _____

3. Personal history (continued)

iii) Is this insurance additional to any other Accident Policy or Employee scheme? If so, give the following details of all other policies:

- Name of the insurance company: _____
- Sum insured: _____
- Policy number: _____

g. Have you ever claimed/received compensation under any Accident Policy? Yes No

If Yes, give full particulars, name of insurer, amount, and dates: _____

h. Have you ever had any accident or surgical operation? Yes No

i. Geographical coverage area for the insurance cover: _____

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