



Personal Accident Insurance

Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information:

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(If assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Period of Insurance: From: _____ To: _____

Person No. 1	Person No. 2	Person No. 3
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Name of person to be insured: _____

Occupation: _____

Date of Birth: DD/MM/YY DD/MM/YY DD/MM/YY

Height and Weight: _____

Gender: Male Female Male Female Male Female

State whether manual or non-manual work: Manual Non-Manual Manual Non-Manual Manual Non-Manual

Cover Required: Death Only Personal Accident Death Only Personal Accident Death Only Personal Accident

Do you wish to exclude an initial period before cover takes effect? Yes No Yes No Yes No

Death Benefit and Capital Benefit: \$/MVR \$/MVR \$/MVR

Weekly Benefit: \$/MVR \$/MVR \$/MVR

Solarelle Miscellaneous

****Please Note the Capital Benefit Limit should be calculated from the Weekly Benefit Limit.**

General Information:

Do you require Outside working Hours Only cover? Yes No

Medical history for all persons proposed for insurance

Has/is any person;

a) any defects in sight or hearing? Yes No

b) now suffering from any injury or illness or from the results of injury or illness? Yes No

c) currently taking any drugs or medication whether prescribed or not? Yes No

d) been medically attended or treated in the past five years for any condition, injury, disease or illness? Yes No

(do not advise if less than 2 weeks duration)

If YES, to any – Name of Insured Person and Full Particulars (Use additional Sheet/s if necessary)

Details of Claims lodged for Personal Accident

Name of Claimant: _____

Details of Accident: _____

Name of Insurance Company: _____

Amount of claim: (\$/MVR): _____ Date: _____

Other Insurance

Is the proposal for insurance in addition to any other insurance for accident coverage?

If YES, please provide details: Yes No

Will the total amount of the Insured Person's weekly compensation during disablement from this and all other sources, exceed the amount of his/her weekly salary or income?

If YES, please provide details: Yes No

Cover Required:

Nominee for receiving death benefits

Name: _____

Relationship: _____ Age: _____ Male Female

Witness

01. Name: _____

Date: _____ Signature: _____

02. Name: _____

Solarelle Miscellaneous

Date: _____ Signature: _____

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer

Company Stamp:

Office use only

Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: