

**TAKAFUL FOR PERSONAL ACCIDENT PROPOSAL FORM**

(Please write your answers in Block Letters)

Name of Proposer: \_\_\_\_\_

CR/CPR No. :

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Date of Birth: \_\_\_\_\_ Height : \_\_\_\_\_ ( cms)

Weight: \_\_\_\_\_ (kgs)

Postal Address : \_\_\_\_\_ Tel. No: \_\_\_\_\_

\_\_\_\_\_ Fax No: \_\_\_\_\_

Normal Occupation (The description of occupation should be such as to indicate the exact nature of the duties/nature of work involved)

\_\_\_\_\_  
\_\_\_\_\_

Monthly Income: \_\_\_\_\_

Period of Cover from: \_\_\_\_\_ To: \_\_\_\_\_

Please specify the Cover Required and indicate the Amount of Benefits:

EVENT	IF COVER REQUIRED		AMOUNT OF BENEFIT
	Yes	No	
1. Death following an accident	<input type="checkbox"/>	<input type="checkbox"/>	Capital Sum
2. Permanent Total Disablement (PTD) caused by loss or physical separation or complete and irrecoverable loss of use of both hands or both feet or of one hand and one foot or complete and irrecoverable loss of sight in both eyes or loss of one hand or one foot together with complete and irrecoverable loss of sight in one eye. *	<input type="checkbox"/>	<input type="checkbox"/>	BD. _____  (Capital sum payable if death, PTD or Other PTD occurring within twelve months of the date on which bodily injury was sustained.)
3. Other Permanent Total Disablement.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Temporary Total Disablement which totally prevents the participant from attending in any way to his/her normal occupation* (payable for the period of disablement but not more than 104 weeks in all)	<input type="checkbox"/>	<input type="checkbox"/>	BD. _____  (per week)
5. Medical Expenses necessarily incurred and authorized by a qualified medical practitioner in connection with any event specified above up to but exceeding the amount selected.	<input type="checkbox"/>	<input type="checkbox"/>	BD. _____  (per accident)

\*See the Schedule of Benefits on the following page.

Please Tick appropriate Box

1. Are you in good health and free from mental or physical defect? Yes No  
If not, please give full details in each case.

2. Please give details of all accidents and illness, other than those of a minor nature, suffered during the last 3 years.

3. Do you engage in any of the activities normally involving additional risk of accident, more hazardous than usual? If so, please give full details.

4. Do you hold, or have you ever held, a Personal Accident Insurance? If so, with which Insurance Company?

5. Please give details if any Insurance Company has ever:

- i) Declined to insure \_\_\_\_\_
- ii) Required special terms \_\_\_\_\_
- iii) Cancelled or refused to renew your insurance \_\_\_\_\_

6. Have you ever claimed or received compensation under any Personal Accident Policy? If so, give details

**SCHEDULE OF BENEFITS:**

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**Description of Permanent Disablement:**

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	<b>% of Maximum benefit payable</b>		<b>% of Maximum benefit payable</b>	<p>Complete loss includes loss of use. In the event of partial loss, compensation is reduced proportionately.</p> <p>Any permanent disability caused by loss not specified shall be assessed in proportion to the degree of disability as compared with the cases specified. Any particular occupation will not be taken into account in making assessment.</p> <p>When more than one Permanent Disablement arises from one accident the percentages are added together but cannot exceed 100% of the maximum benefit selected.</p>
Loss of both hands	100	Complete and irrecoverable loss of sight in one eye	50	
Loss of both feet	100			
Complete and irrecoverable loss of sight in both eyes	align="center">100	Loss of thumb of right hand	20	
		Loss of thumb of left hand	15	
Loss of one hand and one foot	100	Loss of index finger of right hand	15	
Loss of one hand or one foot together with the complete and irrecoverable loss of sight in one eye	align="center">100	Loss of index finger of left hand	10	
		Loss of any other finger of right hand	6	
Complete and incurable insanity	100	Loss of any other finger of left hand	5	
Complete and incurable paralysis	align="center">100	Loss of big toe	5	
		Loss of any other toe	3	
Loss of left arm or hand	50	Complete and irrecoverable loss of hearing in both ears	40	
Loss of right arm or hand	60			
		Complete and irrecoverable loss of hearing in one ear	10	
Loss of one leg or one foot	50			

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