



NATIONAL INSURANCE CORPORATION OF TANZANIA LIMITED
INCORPORATED IN TANZANIA
P.O. Box 9264 Telephone 26561/7

DAR ES SALAAM

GROUP PERSONAL ACCIDENT INSURANCE

PROPOSAL FORM

Employers wishing to make provision in the event of accidental injury happening to employees are offered a choice of schemes such as under noted during continuous total disablement:

- (1) Full weekly remuneration
- (2) Half weekly remuneration (or some other proportion as agreed);
- (3) A fixed sum benefit for example, Starring Pound 10 per week.

(Compensation is payable up to 100 weeks from the happening of the injury).

In addition to the foregoing compensation may be include in respect of death and permanent disablement based on a sum equal to one or more year's remuneration or a fixed amount. Medical expenses can also be insured in agreed cases.

Name of Employer _____
(BLOCK LETTERS)

Address _____
(BLOCK LETTERS)

Business or Trade _____

1. Are all the employees to be insured to the best of your knowledge and belief in sound physical and mental health and free from any physical defect and infirmity? If not, give full details in each case.	
2. Are you now or have you ever been insured for these risks? If so, with which Insurers?	
3. Are all the employees to be insured between 16 and 60 years of age? If not, please give details.	

I / We desire to effect with the Corporation an Insurance in the terms of the policy used for this class of business. I/ We warrant that the above statements and particulars are correct and complete and I / We warranted that I / We have an interest in the life or lives of the person (s) to be insured to the extent of the amount (s) stated. I / We agree that this Proposal and any other written statement made by me/us or on my/our behalf for the purposes of the proposed insurance shall be the basis of the contract between me/us and the Corporation.

Date _____ Signature _____

This insurance will not be in force until the Proposal has been accepted by the Corporation Subject thereto this insurance is to commence on and is to be renewable on STANDARD EXCLUSIONS; War and kindered risk, suicide, self injury, any pre-existing physical defect or infirmity, pregnancy or childbirth, ice hocke, polo, hunting, mountaineering, winter sports, racing of any kind other than on foot or, unless specially agreed, motor cycling (whether as driver or passenger) or football. Policies permit travel as a passenger in any licensed passenger-carrying aircraft unless travelling as a member of the crew or for any trade or technical operation therein or thereon.

TABLE OF COMPENSATION

Section (i)	Compensation (ii)	Reference (iii)
1. Death.	One year`s remuneration. Two years` remuneration. Three years` remuneration. Fixed sum.	1A 1B 1C *1D (.....)
2. Loss of sight in both eyes or loss of two hands or two feet or one foot or loss of sight in one eye and loss of one hand or foot. (For loss of sight of one eye or loss of one hand or foot compensation is automatically included for one half of the amounts selected under this section).	One years` remuneration. Two years` remuneration. Three years` remuneration. Fixed sum.	2A 2B 2C *2D (.....)
3. Other Permanent Disablement (See scale overleaf)	One years` remuneration. Two years` remuneration. Three years` remuneration. Fixed sum.	3A 3B 3C 3 2D (.....)
4. Weekly compensation for Temporary Total Disablement (up to 100 weeks)	Full weekly remuneration. Two-thirds weekly remuneration. Half weekly remuneration. Fixed amount.	4A 4B 4C *4D (..... per week)
5. Medical Expenses	Optional limits any one accident from Shs. 500/- (minimum) to Shs. 10,000/- (maximum) per employee.	*5A (..... per employee)

* Insert amount for which cover is required. If different fixed amounts are required for different employees a list should be attached. Cover can be arranged for other multiples of the annual remuneration if required.

Note: (a) Section 3 may not be insured for more than Section 2.
(b) Section 5 may not be insured without Section 4.

Premiums will be quoted on application.

OTHER PERMANENT DISABLEMENT (SECTION 3)

	Percentage of Compensation
1. Total and permanent disablement from following any employment or occupation	100%
2. Total and permanent loss of hearing or speech	50%
3. Total and permanent loss of hearing in one ear	15%
4. Total and permanent loss of arm from shoulder	75%
5. Total and permanent loss of forearm	65%
6. Total and permanent loss of thigh	75%
7. Total and permanent loss of leg at or below knee	85%
8. Total and permanent loss of thumb (both phalanges)	25%
9. Total and permanent loss of thumb (one phalanx)	10%
10. Total and permanent loss of index finger (three phalanges)	10%
11. Total and permanent loss of index finger (two phalanx)	8%
12. Total and permanent loss of index finger (one phalanx)	4%
13. Total and permanent loss of finger other than thumb or index finger	5%
14. Total and permanent loss of great toe	5%
15. Total and permanent loss of any other toe	1%

“ Total and permanent loss” includes total and permanent loss of use.

In addition compensation is paid for any permanent partial disablement (other than loss of sense of taste or smell) not specified above, the proportion being assessed by the Company after consulting its Medical Advisers without taking into consideration the Employees` occupation.

The maximum compensation under this Section is 100%.