

NATIONAL INSURANCE CORPORATION OF TANZANIA LIMITED

P.O. BOX 9264 DAR ES SALAAM

TEL. 113823/29 FAX. 113403 TELEX 41146

PROPOSAL FORM FOR PERSONAL ACCIDENT POLICY



(Continental)

Agency _____ Order No: _____ Policy No: _____

Name of proposer (in full) _____

Residential address (in full) _____

Business Address (in full) _____

Date of birth _____ Nationality _____ Height _____ Weight _____

1. Profession(s) or occupation(s), business(es) or trade(s) _____

State whether { Master superintending only _____ employee superintending only _____
Master working manually _____ employee working _____

2. a) Do you use a motor vehicle for travelling to and from your place of business? _____

b) Does your occupation otherwise require you to travel widely or regularly? Please describe fully _____

3. To what extent do you expect to travel outside your present country of residence? _____

4. To what extent will you travel by recognised air line? Please give full details _____

5. Do you (a) driver or (b) own an automobile? _____

6. Do you engage in motor cycling (as driver or passenger), mountaineering, winter sports, hunting, big game Hunting, polo, steeple chasing, racing of any kind, the use of woodworking machinery, or any other obviously hazardous activity? If so, please describe fully _____

7. Are there any circumstances connected with your occupation, health, pursuits or habits of life which render you particularly liable to injury or illness? If so, give details _____

8. a) Are you ruptured, or have you varicose veins, or physical infirmity of any kind? _____

b) Have you ever had a fit of any kind or paralysis? _____

In either case give particulars with dates _____

9. Do you normally enjoy good health? _____

10. Have you sustained injury or disablement by accident(s) or illness(es) during the last five years?

If so, give particulars including period(s) of disablement _____

11. Are you at present insured against accident? If so, with what company, and for what amount? _____

12. Have you ever (in relation to life, sickness or accident insurance) had a proposal or renewal declined, or had special terms applied? _____

13. What is your annual income? _____

DETAILS OF INSURANCE REQUIRED

Occupational Class No. _____ (See Classification overleaf) PREMIUM _____

AMOUNT OF BENEFITS SELECTED { Section A _____

Section B _____

Section C _____ per week

Section D _____

Do you require the policy extended to include (a) motor cycling? _____

b) hunting? _____ © big game hunting? _____

(d) winter sports? (e) any other special feature? _____

TOTAL STAMP DUTY _____

Insurance to commence _____ to be renewable annually _____

No Insurance is in force until the proposal has been accepted by the Corporation and the premium or a deposit paid.

DECLARATION: I hereby warrant and declare the truth of all the above statements and I have not withheld any material information, and I hereby agree to give notice to the Corporation of any variation in my profession or occupation health, habits or pursuits. I agree to accept a policy subject to the terms, exceptions and conditions prescribed by the Corporation and that this proposal shall be the basis of the contract between me and the Corporation.

DATE: _____

SIGNATURE: _____

OPTIONAL BENEFITS PERSONAL ACCIDENT POLICY

The Proposer may select under each heading any Benefits or Sums Insured, which are appropriate to his needs, Except that medical expenses may not be insured separately.

- A. Death (with 3 months of an accident).
- B. Permanent Disablement see schedule attached (within 3 month of an accident).
- C. Temporary Total Disablement – up to 104 weeks.
- D. Medical, surgical and Hospital expenses incurred in connection with an accident whether a disablement benefit is payable or not

Premium rates will be quoted on receipt of completed proposal form.

CLASSIFICATION OF OCCUPATIONS

- Class 1. Accountants, Bankers and the Professional and Mercantile classes generally.
- Class 2. Civil Engineers, Farmers, Builders (not working) and Master Tradesmen working at non-hazardous trades.
- Class 3. Butchers, Veterinary Surgeons, Builders (working) and many categories of engineers or persons engaged in manual labour.
- Class 4. Specially hazardous risks. The rates will be supplied on application

As accident outside occupation are covered, occupation is not the only factor taken in account in assessing the premium.

SPECIALLY REDUCED TERMS FOR GROUP INSURANCES
MAY BE QUOTED ON RECEIPT OF FULL PARTICULARS

FEMALE PROPOSERS will normally be accepted at standard rates

NOTE

TERRITORIAL LIMITS: World-wide
 AVIATION: Travel by land, sea or air (as a fare paying passenger) over established air routes in fully licenced standard type aircraft owned and/or operated by a recognised air line is covered.
 AGE LIMITS: 16 to 60 years at commencement of insurance.

INSTALMENT PREMIUMS: Premium may be paid half-yearly at an extra 5 per cent. (Minimum)
 Instalment: Shs. 20/-.

Exclusions: **War and kindred risks; riot and civil commotion; insanity, intoxication and suicide;**
professional
Football; polo; motor cycling (whether as driver or passenger); mountaineering and Winter sports; hunting; racing, speed or endurance tests (other than athletics).

Certain excluded risks may be insured on payment of an additional premium which will be quoted on application.

Schedule of compensation for
PERMANENT DISABLEMENT

Description of Permanent Disablement (Percentage of sum selected under Sec. B.)

Loss of two limbs		
Loss of both hands, or of all fingers and both thumbs		
Total loss of sight of both eyes		
Total paralysis		
Injuries resulting in being permanently bedridden		
Any other injury causing permanent total disablement		
Loss of arm at shoulder		60
Loss of arm between elbow and shoulder		50
Loss of arm at elbow		47.5
Loss of arm between wrist and elbow		45
Loss of hand at wrist		42.5
Loss of four fingers and thumb of one hand		42.5
Loss of four fingers		35
Loss of thumb	both phalanges	25
	one phalanx	10
Loss of index finger-	three phalanges	10
	Two phalanges	8
	One phalanx	4
Loss of middle finger-	three phalanges	6
	Two phalanges	4
	One phalanx	2
Loss of ring finger-	three phalanges	6
	Two phalanges	4
	One phalanx	2
Loss of little finger-	three phalanges	4
	Two phalanges	3
	One phalanx	2
Loss of metacarpals- first or second (additional)		3
	Third, fourth or fifth (additional)	2
Loss of leg-	at hip	70
	Between knee and hip	50
	Below knee	35
Loss of toe-	all	15
	Great, both phalanges	5
	Great, one phalanx	2
	Other than great	
	If more than one toe lost each	1
Eye: loss of-	whole eye	30
	Sight of	30
	Sight of, except perception of light	30
	Lens of	20
Loss of hearing-	both ears	50
	One ears	7

Permanent total loss of use of a member shall be Treated as loss of that member.
 When a benefit for death or permanent disablement Becomes payable, it will be granted in addition to any Temporary disablement or medical, surgical and hospital Expenses benefit already paid or accrued.

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PERSONAL
ACCIDENT
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NATIONAL INSURANCE CORPORATION
OF TANZANIA LIMITED
(INCORPORATION IN TANZANIA)

P.O. Box 9264

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