



**NATIONAL INSURANCE CORPORATION
OF TANZANIA LIMITED**

P.O. BOX 9264 DAR ES SALAAM
TEL. 113823/29 FAX. 113403 TELEX 41146

Form No:

**SPECIAL PERSONAL ACCIDENT INSURANCE
FOR OCCASIONS PROPOSAL FORM**

1. Name of the Proposer
2. Age
3. Business/Profession/Occupation
4. Address
-
-
5. Telephone No
6. Date of Travel
7. Route of Journey
8. Place of meeting/occasion
9. For how long the meeting or occasion will take
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10. When do you expect to be back home
11. List down the personal effect you expect to carry in your journey

ITEM

VALUE

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I/We hereby warranty and declare the truth of all the above statement and I hereby agree to give to the Corporation notice of any changes of the above statement if happen

DATE:

SIGNATURE: