



Niko Insurance (Tanzania) Limited

PPF HOUSE, 8th Floor, Morogoro Road / Samora Avenue;
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 Website: www.nikoinsurance.co.tz

PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

1. Proposer's Name in full:
Physical Address in full:
Postal Address in full:
2. Profession or Occupation:
State whether:-	
(a) Employer or employee	(a).....
(b) Supervisor/Manager or Clerk/Worker	(b).....
PERIOD OF INSURANCE: From: To	
3. Age next birthday: Years: Height: cm Weightkg.	
4. (a) Are you presently insured for personal accident? If 'YES', give name(s) of Insurer	(a) <input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Has any Insurer ever declined to insure or renew insurance covers or demanded an increased rate, or imposed any special terms?	(b) <input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Are you now insured, or proposing to insure elsewhere against accidents or sickness? If 'YES', give particulars.	(c) <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever had an accident requiring medical attention and have you claimed or received compensation for injuries or sickness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'YES' give particulars with dates.
6 (a) Do you ordinarily enjoy good health? (b) Are you now and have you been uniformly of sober and temperate habits? c) Have you ever suffered from gout or diabetes	a) <input type="checkbox"/> YES <input type="checkbox"/> NO b) <input type="checkbox"/> YES <input type="checkbox"/> NO c) <input type="checkbox"/> YES <input type="checkbox"/> NO

d) paralysis or a fit of any kind? e) Have you had a rupture, varicose veins of any other physical effects?	d) <input type="checkbox"/> YES <input type="checkbox"/> NO
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If 'YES' to any of the above give details
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Please state amounts to be insured:

	Sum Insured / Benefit	Premium (For official use only)
A. Death	TSh.....	TSh.....
B. Permanent Partial Disablement	TSh.....	TSh.....
C. Temporary Total Disablement	TSh per week	TSh.....
D. Medical Expenses	TSh.....	TSh.....

DECLARATION

I hereby declare that the above answers are true, without any reservation whatsoever: and I agree that this proposal and declaration shall be the basis of the Policy to be granted to me by the Company which, subject to the terms and conditions thereof, I agree to accept.

Date: **Signature:**

NOTE: No insurance is in force unless the Proposal has been accepted by Niko Insurance (Tanzania) Limited and the premium duly paid.