

GROUP LIFE AND PERSONAL ACCIDENT INSURANCE

PROPOSAL FORM

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The proposed life assured and policy owner are required to disclose all information requested. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Company Details

1. Name		
2. Nature of Business		
3. Address	Building:	
	Street:	
	PO Box:	
	City:	Country:
4. Email		
5. Contact Person		
6. Mobile Number		



TM

2. Cover Details

1. Cover Scope All Employees Certain Categories

If certain categories, please specify

2. Sum Insured Flat Amount Multiples of Salaries

Amount Currency

3. Benefits Required

<input type="checkbox"/> Death due to any cause	<input type="checkbox"/> Accidental Death Benefit
<input type="checkbox"/> Permanent Total Disability (Accident Only)	<input type="checkbox"/> Permanent Total Disability Accident & Sickness
<input type="checkbox"/> Permanent Partial Disability (Accident Only)	<input type="checkbox"/> Permanent Partial Disability (Accident & Sickness)
<input type="checkbox"/> Temporary Total Disability Death due to any cause	<input type="checkbox"/> Temporary Total Disability (Accident & Sickness)
<input type="radio"/> 52 weeks <input type="radio"/> 104 weeks	<input type="radio"/> 52 weeks <input type="radio"/> 104 weeks
<input type="checkbox"/> Accidental Medical Expenses Annual Limit per Person:	<input type="checkbox"/> Repatriation of Mortal Remains Limit per Person:

3. Claims History

Please provide details of your claims in the last 3 years. Amount currency needs to be AED.

Year	No. of Employees	No. of Claims	Claims Nature	Claim Amount



TM

4. Declaration

I declare that I have clearly understood the terms and conditions of the product I am applying for and have clearly understood its features, benefits including the associated risks factors and charges. I further declare that I have answered all the questions in this proposal form after clearly understanding them and that I have duly signed this form at required places. I confirm to have fully understood the nature of questions and the importance of disclosing all information while answering such questions. I declare that the answers given by me to all questions in the proposal form are true and complete in every respect and that I have not withheld any material information or suppressed any material fact. I hereby authorize Oman Insurance Company P.S.C. ("Sukoon") to contact me anytime and through any medium (phone, email, sms etc.) for the purpose of obtaining more information about this proposal form and/or keeping me informed about their other products and/or promotion activities.

Name

Designation

Date

Signature

Please note that in addition to the above information, we will need a full list of people to be covered with their date of birth, occupation, monthly salary and required sum insured to generate a quotation.