

## Personal Accident Insurance

Proposal Form



If you are signing for someone else, include a copy of the durable power of attorney or executorship if not previously provided.

1. Name of Policy holder in full \_\_\_\_\_
2. Address \_\_\_\_\_
3. Relation to Insured \_\_\_\_\_
4. Name of Insured \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Height \_\_\_\_\_
7. Weight \_\_\_\_\_
8. Nature of Business or Occupation \_\_\_\_\_
9. Period of Insurance \_\_\_\_\_
10. Effective Date \_\_\_\_\_
11. Beneficiary \_\_\_\_\_
12. Sum Insured required
  - Death \_\_\_\_\_
  - Weekly Indemnity \_\_\_\_\_
  - Total Per. Disability \_\_\_\_\_
  - Medical Expenses \_\_\_\_\_
13. Do you intend to pursue any sport activity ? Yes No  
If yes, give details \_\_\_\_\_
14. Do you intend to travel abroad during the next 12 months? Yes No  
If so, please state where and how frequently ? \_\_\_\_\_
15. Is your vision defective ? Yes No  
If so, to what extent ? \_\_\_\_\_
16. Is your hearing defective ? Yes No  
If so, to what extent ? \_\_\_\_\_
17. Do you have any physical defect ? Yes No  
If yes, please give details. \_\_\_\_\_
18. What accident or illness have prevented you from attending to your occupation or business for period of more than 14 days during the past 3 years ? \_\_\_\_\_
19. Have you ever suffered from a heart condition, cancer of any nature, hypertension, hernia varicose veins or do you suffer, or have you ever suffered from diabetes, bronchitis or illness of a serious nature, allergy, disease or organic weakness or physical defect of any kind ? \_\_\_\_\_
20. Have you undergone a surgical operation? Yes No  
If so, please give details and dates. \_\_\_\_\_
21. Are you now insured against accident or illness? Yes No  
If so, with whom and for what capital and weekly benefit and medical expenses. \_\_\_\_\_

**Declaration**

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and Arabia Falcon Insurance Company S.A.O.G.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

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**Signature(s)**

In order for us to process this request, please sign below and return.

<b>Sign Here</b>	Signature	Date (DD/MM/YYYY)
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**How to submit this form**

**Mail:**

Arabia Falcon Insurance  
P.O. Box 2279  
Ruwi 112,  
Muscat, Oman

**Fax:**

+968 24566476

**E-mail:**

info@afic.om

