

PROPOSAL FOR INSURANCE AGAINST PERSONAL ACCIDENT

1. Proposer’s Name (in full).....
2. Private Address.....
3. Business Address.....
4. Age next birthday.....years. Height.....Weight.....
5. Profession or Occupation (please give particulars. If more than one, please state all.).....
6. Do you SUPERINTEND manual labour?.....Do you work MANUALLY ?.....
7. Benefits Selected – Insert amounts required.
 - A) Death.....
 - B) Permanent Total Disablement.....
 - C) Temporary Total Disablement.....
 - D) Medical Expenses.....
8. Name and Address of Beneficiary..... Relationship
9. Term of Insurance: From To

| | |
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| 10. Please state what machinery you use in your work. | |
| 11. Are you now in sound health, and do you ordinarily enjoy sound health? | |
| 12. Is your hearing or sight in any way impaired, or have you any physical defect or infirmity? | |
| 13. Are you of sober and temperate habits and have you always been so? | |
| 14. How much are your weekly average earnings? | |
| 15. Are you at present insured against Accidents? If so, please give particulars. | |
| 16. Have you ever met with an accident requiring medical attention or made a claim against any insurer in respect of any Accidental bodily injury? If so, please give particulars. | |
| 17. Have you ever had an application for Life or Accident Insurance declined or the renewal premium increased? If so, please give particulars. | |

I hereby declare that the particulars of the Proposal are true, and I agree that this Proposal shall from the basis of the Contract between myself and PT. ASURANSI HARTA AMAN PRATAMA, Tbk.

DATE.....

Signature of Proposer.....

N.B. – When filling in this form, please see that all question are answered fully and accurately.

IMPORTANT: “You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know otherwise the policy issued hereunder may be void.”

