Personal Accident Insurance

Proposal form

Solarelle INSURANCE

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information:

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(If assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Period of Insurance: From: _____ To: _____

	Person No. 1	**Person No. 2**	**Person No. 3**
Name of person to be insured:			
Occupation:			
Date of Birth:	DD/MM/YY	DD/MM/YY	DD/MM/YY
Height and Weight:			
Gender:	Male ☐ Female ☐	Male ☐ Female ☐	Male ☐ Female ☐
State whether manual or non-manual work:	Manual ☐ Non-Manual ☐	Manual ☐ Non-Manual ☐	Manual ☐ Non-Manual ☐
Cover Required:	Death Only ☐ Personal Accident ☐	Death Only ☐ Personal Accident ☐	Death Only ☐ Personal Accident ☐
Do you wish to exclude an initial period before cover takes effect?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Death Benefit and Capital Benefit:	**$/MVR**	**$/MVR**	**$/MVR**
Weekly Benefit:	**$/MVR**	**$/MVR**	**$/MVR**

****Please Note the Capital Benefit Limit should be calculated from the Weekly Benefit Limit.**

General Information:

Do you require Outside working Hours Only cover? Yes☐ No☐

Medical history for all persons proposed for insurance

Has/is any person;

a) any defects in sight or hearing? Yes☐ No☐
b) now suffering from any injury or illness or from the results of injury or illness? Yes☐ No☐
c) currently taking any drugs or medication whether prescribed or not? Yes☐ No☐
d) been medically attended or treated in the past five years for any condition, injury, disease or illness? Yes☐ No☐
(do not advise if less than 2 weeks duration)

If YES, to any – Name of Insured Person and Full Particulars (Use additional Sheet/s if necessary)

_____

_____

_____

_____

_____

Details of Claims lodged for Personal Accident

Name of Claimant: _____

Details of Accident: _____

Name of Insurance Company: _____

Amount of claim: (**$/MVR):** _____ Date: _____

Other Insurance

Is the proposal for insurance in addition to any other insurance for accident coverage?
If YES, please provide details: Yes☐ No☐

_____

_____

Will the total amount of the Insured Person's weekly compensation during disablement from this and all other sources, exceed the amount of his/her weekly salary or income?
If YES, please provide details: Yes☐ No☐

_____

_____

Cover Required:

Nominee for receiving death benefits

Name: _____

Relationship: _____ Age: _____ Male☐ Female☐

Witness

01. Name: _____

Date: _____ Signature:

02. Name: _____

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer Company Stamp:

Office use only

Intermediary Premium / Rate: Special Condition: Broker / Agent / Sales Code: