

Statewide Insurance Company Ltd.



Head Office: Sure House
Plot 1 Bombo Road | P.O. Box 9393 Kampala
Tel: +256 414 345 996, +256 312 262 119
Email: swico@swico.co.ug, Website: www.swico.co.ug

PERSONAL ACCIDENT PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

PARTICULARS OF THE PROPOSER

Name of the proposer (in full): _____

Physical Address: _____

Telephone no(s): _____

Email Address: _____

Period of Insurance: From: _____ To: _____

1. (a) Profession, occupation, trade or business. (Please describe fully)

(b) Does your occupation require you to engage in manual labour?

2. (a) Birthday: _____

(b) Height: _____

(c) Weight: _____

3. Do you engage in Hunting, Big Game Shooting, Steeple-chasing, Racing of any kind, Football, polo Playing, Motor Cycling, Mountaineering or Aeroautics? _____



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4. Have you any physical defect or infirmity?

5. (a) Do you enjoy good health?

(b) Have you ever suffered from Gout or Diabetes, Paralysis or a fit of any kind? YES NO

If so give details

(c) Have you or have you had a Rupture or Varicose Veins? YES NO

If so give details

6. Have you sustained injury by accident (s) during the last five years? YES NO

If so give dates, nature of injury(ies) and period(s) of disablement

7. (a) Have you ever proposed for Accident and /or life Insurance? YES NO



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(b) If so, give name of each Company

8. Has any Insurance Company?

- a) Cancelled your policy?
- b) Declined to insure you?
- c) Refused to renew your policy?
- d) Impose any special terms
- e) Repudiated any claim?

YES	NO

If the answer to any of the above is YES, please give details:

DECLARATION

I/We do hereby declare that the above answers and statements are true and that I/we have not withheld any material information regarding this proposal. I/We agree that this declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or any one acting on my/our behalf shall form the basis of contract between me/us and the company and I/we further agree to accept indemnity subject to the conditions endorsed on the company's policy.

Date of proposal: _____ Signature and stamp of proposer: _____

THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID



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AGENT / BROKER / CONTACT PERSON Name: _____

Signature: _____ Date: _____

Comments:

BENEFITS SELECTED

		For Office use
Benefit	Amount	
A & B		Rate:
C	Per Week	Other:
D	Per Week	Stamp duty:
E	Per Accident	
Total Premium		

SELECTIVE BENEFITS

SECTION	CONTINGENCIES In the causing event of accident	Benefits
A	Death, or Loss of one or two limbs, or one or two eyes, or	Capital sum insured
B	Total and Permanent Disablement (other than loss of limbs or eyes)	
C	Temporary Total Disablement	Actual weekly earnings up to 104 week
D	Temporary Partial Disablement	One third of weekly earnings
E	Medical Expenses (actually incurred as a result of an accident giving rise to a claim under the policy. Limited in respect of any one Accident to	An agreed limit not exceeding 20% of sum insured.



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NOTES:

- Contingencies under Section A must occur within 3 months of the accident.
- Benefits for Temporary Disablement under Sections B and C together are limited to a period of 104 weeks in all.
- The Temporary Disablement benefits commence from the first day of incapacity. The above rates are for healthy persons without physical defect or infirmity.
- The benefits under Section A can be extended to include the loss of use or physical severance of other Parts of the body. The scale of benefits and rates is shown below.

CLASSIFICATION

- Class 1-Persons engaged solely in Professional, Administrative and clerical Occupations.
- Class 2-Persons engaged in industry who do no manual work and whose duties are solely supervisory; or in retail or wholesale, trade (other than meat, fish or vegetable dealers or those using tools); Commercial Travellers and Travelling Salesmen
- Class 3- Persons engaged in an occupation not otherwise classified and being a Hazardous Occupation.

Hazardous Occupations - Persons engaged in hazardous work or using woodworking or other dangerous machinery will be considered on application.

GENERAL INFORMATION AND SPECIAL FEATURES.

SELECTIVE BENEFITS

Our Personal Accident Policy is designed to provide benefits to suit your particulars requirements. A Policy may be effected for one or more of the benefits shown overleaf, which may be varied in amount at premiums proportionate to those quoted.



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AGE LIMITS

The premium quoted apply to healthy, sober and temperate persons without physical defect or infirmity and between the ages of 16 and 60.

MEDICAL EXAMINATION

Medical examination is not required provided the answers given on the proposal are satisfactory.

AVIATION

The policy covers (without additional charge) travel as a fare-paying passenger in a fully licensed standard type of aircraft operated by a recognized airline on a regular route or in a fully licensed standard type multi-engined aircraft operated by a recognized Air Chartered Company

EXCLUSIONS

The standard form of Policy does not cover accidents caused by use of a motor cycle or motor scooter, yachting, hunting, rugby, football, or power-driven woodworking machinery.

All Policies exclude Death or Disablement arising from mountaineering, winter sports, ice hockey, steeple chasing polo, or racing of any kind, war and kindred risks, flying (except as stated above; suicide or intentional self-injury.



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