

Head Office:

Plot 1 Bombo Road | P.O.Box 9393, Kampala, Uganda
 +256 414 345996 | +256 752 262 119 | +256 767 695 190
 Swico@swico.co.ug | www.swico.co.ug
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PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

Please complete all applicable questions in full.

PROPOSER DETAILS

1. Full Name of proposer (BLOCK LETTERS)

2. Residence (BLOCK LETTERS)

3. Business address

Tel No.

OCCUPATION AND PERSONAL INFORMATION

4. (A) Profession, occupation, trade or business. (Please describe fully)

4. (B) Does your occupation require you to engage in manual labour?

☐ Yes ☐ No

If yes, please describe

5. Age next birthday

Height

Weight

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

7. Have you any physical defect or infirmity?

☐ Yes ☐ No

If yes, give details

8. (A) Do you enjoy good health?

☐ Yes ☐ No

8. (B) Have you ever suffered from Gout or Diabetes, Paralysis or a fit of any kind?

☐ Yes ☐ No

If yes, give details

8. (C) Have you or have you had a Rupture or Varicose Veins?

☐ Yes ☐ No

If yes, give details

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ACCIDENT HISTORY

9. Have you sustained injury by accident(s) during the last five years? If so give dates, nature of injury(ies) and period(s) of disablement.

PREVIOUS INSURANCE

10. (A) Have you ever proposed for Accident and/or Life Insurance?

☐ Yes ☐ No

10. (B) If so, give name of each Company

10. (C) (i) Has any Company declined to issue a policy to you?

☐ Yes ☐ No

If yes, give name(s) of Company

10. (C) (ii) Has any Company declined to continue your insurance?

☐ Yes ☐ No

If yes, give name(s) of Company

10. (C) (iii) Has any Company not invited the renewal of your Policy?

☐ Yes ☐ No

If yes, give name(s) of Company

10. (D) (i) Is this Insurance to be additional to any other Accident and/or Sickness Policy?

☐ Yes ☐ No

10. (D) (ii) If so, give particulars of all other Policies

DECLARATION

I hereby warrant and declare the truth of all the above statements and that I have not withheld any material information; and I agree that this proposal shall be the basis of the contract between me and the Company; and I agree to notify the Company of any material alteration in my occupation, health or habits, and to accept a policy subject to the terms, exceptions and conditions prescribed by the Company.

Date

Signature of the Proposer

Risk to commence on

NOTE: The liability of the Company does not commence until the proposal has been accepted and the first premium paid.

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BENEFITS SELECTED

(See policy schedule / available benefits)

Benefit	Amount	For office use
A & B		Rate:
C		Other:
D		Stamp duty:
E		
TOTAL PREMIUM		