



ናይል ኢንሹራንስ ኩባንያ (አ.ማ.)
NILE INSURANCE COMPANY (S. C)

ካፒታል ብር
 Capital Birr

40,000,000

(በሙሉ የተከፈለ)
 (Fully paid up)

Head Office	Kirkos Branch	Tewodros Branch	Addis Ketema Branch	Beklo Bet Br.	Gerji Branch	Kaliti Branch	Abakoran Branch	Bole Branch	Magenagna Branch
011-5514999	011-5510496	011-1552585	011-2756389	011-4655262	011-6510815	011-4392879	011-2779667	011-5154545	011-6510971
011-5514329	011-5531715	011-1559967	011-2756390	011-4655289	011-6510861	011-4391796	011-2779568	011-5526907	011-6510977
Fax: 011-5514592	011-5531716	011-1559968	011-2772058	011-4655308	011-6294564	011-4432017	011-2779797	011-5526908	011-6635607
☎ 12836 Addis Ababa, Ethiopia									

PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

NAME OF PROPOSER: _____

ADDRESS : Town _____ Woreda/ Kifle Ketema _____ Kebele _____ House No. _____ P.O.Box _____ Tel No. _____

PROFESSION/ OCCUPATION _____

AGE _____ HEIGHT _____ WEIGHT _____

STATE WHETHER

a) Self employed or employee _____

b) Superintending or working manually _____

c) Machinery is used _____

1. Is your sight or hearing defective? _____

2. a) Do you engage in big and / or small games? viz hunting, polo, motor cycling, mountaineering, winter sports or riding in any kind of race. _____

b) If so, please state whether cover is required. _____

3. Have you ever met with an accident or made a claim against any insurer in respect of an accident? _____

4. Do you intend to travel abroad? _____

If so, please state:

a) number of journeys during a year _____

b) whether by a regular airlines or _____

c) by multi- engine charter aircraft _____

5. Do you intend to fly as a pilot, co-pilot or crew member? If so, please give full details. _____

6. Do you intend to pursue any occupation or profession or any sport or pastime not mentioned above rendering you more than usually liable to accident? _____

7. Are you now or have you ever been insured against accidents with any other insurer?
If so, please state name of insurer.

8. Have you ever been declined, postponed or accepted on special terms for life or Personal Accident Insurance?

9. Has any insurer cancelled, declined to renew your policy or varied the benefits or imposed conditions?
If so please give name of insurer and when

BENEFITS SELECTED	Amount Birr	Premium Birr
Benefit I. Death	_____	_____
Benefit II. Permanent Total Disablement	_____	_____
Benefit III. Temporary Total Disablement (per month)	_____	_____
Benefit Iv. Temporary Partial Disablement (per month)	_____	_____
Benefit V. Medical Expense	_____	_____
Additional Benefits (World- wide Cover, sport etc)	_____	_____
Total Birr	_____	_____

10. Geographical Limit: _____

11. Period of Insurance: From _____ to _____ (both dates inclusive)

DECLARATION

I declare that to the best of my knowledge and belief all the foregoing statements and particulars are true and I agree that this proposal shall be the basis of the contract proposed by me and to be expressed in the usual terms of the policy issued by the NILE INSURANCE COMPANY (S.C.).

Date _____

Signature of Proposer _____

Agent/ Underwriter _____