



# NICO General Insurance Company Limited

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## PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

1. Proposer's Name in full:	.....
Physical Address in full:	.....
Postal Address in full:	.....
2. Profession or Occupation:	.....
State whether:-	
(a) Employer or employee	(a).....
(b) Supervisor/Manager or Clerk/Worker	(b).....
PERIOD OF INSURANCE: From: ..... To .....	
3. Age next birthday: Years: ..... Height: ..... cm Weight .....kg.	
4. (a) Are you presently insured for personal accident? If 'YES', give name(s) of Insurer	(a) <input type="checkbox"/> YES <input type="checkbox"/> NO .....
(b) Has any Insurer ever declined to insure or renew insurance covers or demanded an increased rate, or imposed any special terms?	(b) <input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Are you now insured, or proposing to insure elsewhere against accidents or sickness? If 'YES', give particulars.	(c) <input type="checkbox"/> YES <input type="checkbox"/> NO .....
5. Have you ever had an accident requiring medical attention and have you claimed or received compensation for injuries or sickness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'YES' give particulars with dates.	.....
6 (a) Do you ordinarily enjoy good health?	a) <input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Are you now and have you been uniformly of sober and temperate habits?	b) <input type="checkbox"/> YES <input type="checkbox"/> NO
c) Have you ever suffered from gout or diabetes paralysis or a fit of any kind?	c) <input type="checkbox"/> YES <input type="checkbox"/> NO
d) Have you had a rupture, varicose veins of any other physical effects?	d) <input type="checkbox"/> YES <input type="checkbox"/> NO
If 'YES' to any of the above give details	.....

**Please state amounts to be insured:**

	<b>Sum Insured / Benefit</b>	<b>Premium</b> ( For official use only)
A. Death	K.....	K.....
B. Permanent Partial Disablement	K.....	K.....
C. Temporary Total Disablement	K ..... per week	K.....
D. Medical Expenses	K .....	K.....

**DECLARATION**

I hereby declare that the above answers are true, without any reservation whatsoever: and I agree that this proposal and declaration shall be the basis of the Policy to be granted to me by the Company which, subject to the terms and conditions thereof, I agree to accept.

**Date:** ..... **Signature:** .....

**NOTE: No insurance is in force unless the Proposal has been accepted by Nico General Insurance Company Limited and the premium duly paid.**