



Middlesea Insurance p.l.c.

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PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

IMPORTANT NOTE

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply in this form and in the claim form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations. All questions must be answered fully. Ticks and dashes are not sufficient.

Name of Proposer (in full)

Address of Proposer

Tel. No.: I.D. Card Nr. Insurance Required from to

Business or occupation

SCALE OF COMPENSATION

COMPENSATION PAYABLE

1 Death	<input type="text"/> Lm
2 Loss of sight of both eyes or loss of two or more limbs or loss of sight of one eye and one limb	<input type="text"/> Lm
3 Loss of sight of one eye or loss of one limb.	<input type="text"/> Lm
4 Permanent Partial Disablement (other than by loss of sight or limb)	<input type="text"/> Lm
5 Temporary Total Disablement	<input type="text"/> Lm
6 Temporary Partial Disablement	<input type="text"/> Lm
7 Reasonable Medical, Surgical, Hospital, Nursing Fees or charges necessarily incurred following bodily injury to an insured person.	<input type="text"/> Lm

according to the Permanent Disability Scale

per week during disablement

any one insured person in respect of any one event

OPTIONAL EXTENSIONS

SUM INSURED

1 Personal Baggage	<input type="text"/> Lm
2 Money	<input type="text"/> Lm

INFORMATION TO BE PROVIDED BY PROPOSER

- 1 Are you to the best of your knowledge and belief in sound physical and mental health and free from any physical defect or infirmity? If not give particulars:
- 2 Do you require cover on an Occupational Accidents only or on a 24 hour cover?
- 3 Are you now or have you ever been insured for these risks? If so give particulars.
- 4 Would you like cover to be extended outside the Maltese Islands? If so state reasons:
- 5 Do you intend to take up a seven days excess in respect of compensation payable under item No. 5 - Temporary Total Disablement and item No. 6 - Temporary Partial Disablement and thus benefit from a reduction in premium?
- 6 Has any person to be insured sustained any accidents during the past five years? If so give particulars:
- 7 If Personal Baggage and Money extensions are taken up please state the number of trips each year, duration and normal destinations.

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I/We agree that this proposal shall be the basis of the contract between me/us and the MIDDLESEA INSURANCE PLC. and I/We agree to accept the Company's standard form of Policy for the class of Insurance.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/we have read those answers and that they are correct.

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

Name in block letters.....

The Insurance will not be in force until the proposal has been accepted by the Company and the premium paid.

FOR OFFICE USE ONLY

ITEM	S.I.	RATE	PREMIUM	
				POLICY NO:
				FIRST PREMIUM:
				RENEWAL PREMIUM:
				RENEWABLE:
TOTAL PREMIUM				

Important Note

Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may perhaps invalidate the policy altogether.