



The Heritage Insurance Company Tanzania Limited

GROUP PERSONAL ACCIDENT INSURANCE
PROPOSAL FORM

Name of Employer _____
(BLOCK LETTERS)

Address _____
(BLOCK LETTERS)

Business or Trade _____

A proposal is made this day for compensation in respect of death and permanent disablement based on a sum equal to one or more year's earnings/ remuneration or a fixed amount as stated in the table of compensation.

Medical expenses consequent upon an insured event and weekly earnings during a period of continuous disablement of a temporary nature can also be insured in pre-agreed cases.

A choice of the following benefits can be offered on weekly earnings;

- (1) Full weekly remuneration
- (2) Half weekly remuneration (or some other proportion as agreed);
- (3) A fixed sum benefit for example, (commensurate with employees weekly earnings).

In all cases, compensation is payable upto 104 weeks from the date of injury.

1. Are all the employees to be insured 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 full details in each case.	
2. Are you now or have you ever been insured for these risks? If so, with which insurers?	
3. Are all the employees to be insured between 16 and 65 years of age? If not, please give details.	

I/We desire to effect with the Company an insurance in the terms of the policy used for this class of business. I/We warrant that the above statements and particulars are correct and complete and I/We warrant that I/We have an interest in the life or lives of the person(s) to be insured to the extent of the amount(s) stated. I/We agree that this Proposal and any other written statement made by me/us are on my/our behalf for the purposes of the proposed insurance shall be the basis of the contract between me/us and the Company.

Date _____ Signature _____

TABLE OF COMPENSATION

Section (i)	Compensation (ii)	Reference (iii)
1. Death.	One year's remuneration Two years' remuneration. Three years' remuneration Fixed sum	1A 1B 1C *1D
2. Loss of sight in both eyes or loss of two hands or two feet loss of sight in one eye and loss of one hand or foot (For loss of sight of one eye or loss of one hand or foot compensation is automatically included for one half of the amounts selected under this section:	One year's remuneration Two years' remuneration. Three years' remuneration Fixed sum	2A 2B 2C *2D.....
3. Other Permanent Disablement (See scale overleaf).	One year's remuneration Two years' remuneration. Three years' remuneration Fixed sum	3A 3B 3C *3D
4. Weekly Compensation For Temporary Total Disablement up to 104 weeks)	Full weekly remuneration. Two-thirds weekly remuneration Half weekly remuneration Fixed amount	4A 4B 4C *4D
5. Medical Expenses	Optional limit's any one accident	*5A

*Insert amount for which cover is required. If different Fixed amounts are required for different employees a list should be attached. Cover can be arranged for other multiples of the annual remuneration if required:

Note: In all cases, the maximum amount of compensation recoverable from the Company as a result of one accident shall not exceed the sum insured as stated under reference 3. The maximum benefit shall be any one of the benefits as stated in 1, 2 or 3, excluding any amounts recoverable under four and five.

Benefit 3 – Full Permanent Disablement

Description of Permanent Disablement	Percentage of Maximum Benefit payable
Loss of both hands	100
Loss of both feet	100
Complete and irrecoverable loss of sight in both eyes	100
Loss of one hand and one foot	100
Loss of one hand or one foot together with the complete and irrecoverable	
loss of sight in one eye	100
Complete and incurable insanity	100
Complete and incurable paralysis	100
Loss of right arm or hand	60
Loss of left arm or hand	50
Loss of one leg or one foot	50
Complete and irrecoverable loss of sight in one eye	50
Loss of thumb of right hand	20
Loss of thumb of left hand	15
Loss of index finger of right hand	15
Loss of index finger of left hand	10
Loss of any other finger of right hand	6
Loss of any other finger of left hand	5
Loss of big toe	5
Loss of any other toe	3
Complete and irrecoverable loss of hearing in both ears	40
Complete and irrecoverable loss of hearing in one ear	10