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ETHIOPIAN INSURANCE CORPORATION

ዋናው መሥሪያ ቤት
HEAD OFFICE

አዲስ አበባ
ADDIS ABABA

ዐብይ ቅርንጫፍ/ቅርንጫፍ
Main Branch/Branch

የ.ሜ.ቁ. } 2545
P.O.Box

ስልክ ቁ. } 512400
Tel. No.

የ.ሜ.ቁ. _____
P.O.Box

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Tel. No.

የቴሌግራም አድራሻ } ETHINSURE ADDIS
Cable Address

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E-Mail eic.mdxvs@telecom.net.et

ዌብ ሳይት } http://www.eic.com.et
Website

PERSONAL ACCIDENT PROPOSAL FORM

Name _____

Address _____ Age _____

Profession or Occupation _____ Height _____

(IF MORE THAN ONE OCCUPATION STATE ALL)

_____ Weight _____

State whether:

- (a) Employer or Employee
- (b) Superintending or working manually
- (c) Machinery is used.

1. Have you ever been declined, postponed or accepted on special terms for Life, Accident, or has any Insurer cancelled, declined to renew or varied the benefits or conditions of any such Insurance? If so give name of Insurers, their reason for so doing and when. _____

2. State name of Insurers with whom you are at present or have been in the past insured against Accidents? _____

If so, for what Capital Amounts and monthly benefits? _____

Does your average monthly income exceed the monthly indemnity under all policies carried by you, including that now applied for? _____

3. Have you ever met with an accident or made a Claim against any Branch in respect of Accident? _____

4. Is your sight or hearing defective? _____

5. Do you engage in big and/or small game: Hunting, Polo, Motor Cycling (As Driver and/or Passenger) Mountaineering, Winter Sports or Riding in any kind of Race? _____

If so, state whether cover is required? _____

6. Do you intend to Travel Abroad? _____

If so, where and Number of Journeys during the course of a year? _____

Do you anticipate Travelling by Air? If so, please indicate probable Number of Journeys during the course of a year by? (a) Regular Airlines (b) Multi-Engined Charter Aircraft (a) _____

(b) _____

Do you intend to Fly as a Pilot, Co-Pilot or Crew Member? If so, give full details

7. 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? _____

Benefits Selected:	Amount Birr	Premium Birr
Benefit I. Death		
Benefit II. Permanent Total Disablement		
Benefit III. Temporary Total Disablement		
by accident per month		
Benefit IV. Temporary Partial Disablement		
by accident per month		
Benefit V. Medical Expenses		

Additional Benefits (World Wide Cover, Sports etc.)

Total Birr

In respect of Temporary Total or Partial Disablement do you wish to exclude the first one month of such Disablement? 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 a contract of Insurance to be expressed in the usual terms of the Policy issued by the Ethiopian Insurance Corporation.

Date _____ 20 ____

Signature of Proposer _____

BRANCH _____

UNDERWRITER _____