



# شركة الوثبة الوطنية للتأمين ش.م.ع. ALWATHBA NATIONAL INSURANCE CO. P.S.C.

رأس المال المدفوع والمصرح به (٦٠) مليون درهم خاصة لاحكام القانون الاتحادي رقم (٩) لسنة ١٩٨١ ومطابقة بسجل شركات التأمين رقم (١٠)

ABU DHABI - TEL.: 6770566, FAX: 6776628, P.O. BOX: 45154  
AL AIN - TEL.: 7666641, FAX: 7666692, P.O. BOX: 15883  
DUBAI - TEL.: 2228078, FAX: 2270342, P.O. BOX: 6807  
SHARJAH - TEL.: 5694490, FAX: 5694491, P.O. BOX: 4131

أبوظبي هاتف: ٦٧٧٠٥٦٦، فاكس: ٦٧٧٦٦٢٨، ص.ب: ٤٥١٥٤  
العين هاتف: ٧٦٦٦٦٤١، فاكس: ٧٦٦٦٦٩٢، ص.ب: ١٥٨٨٣  
دبي هاتف: ٢٢٢٨٠٧٨، فاكس: ٢٢٧٠٣٤٢، ص.ب: ٦٨٠٧  
الشارقة هاتف: ٥٦٩٤٤٩٠، فاكس: ٥٦٩٤٤٩١، ص.ب: ٤١٣١

## PERSONAL ACCIDENT INSURANCE (INDIVIDUAL) PROPOSAL FORM

1. (a) Name of the Proposer in Full (in Block letters) :  
(b) Address :
2. (a) Full Name of the Person to be Insured :  
(b) Address :  
(c) Beneficiary :  
(d) Business or Occupation :  
(e) What is your average Monthly income? :
3. Date of Birth :
4. Have you any:  
(a) Physical defect or infirmity? :  
(b) Ill Health of any description :  
If so, please give details. :
5. Do you engage in:  
(a) Any of the activities listed in exception (5) below? :  
(b) Any other hazardous activities? :  
If so, Please give details. :  
(c) Do you wish to be covered against the above hazardous activities? :
6. (a) Are you now Insured against accidents? :  
(b) If so, please give the name of your Insurer and the sum insured :
7. Has any Company:  
(a) Declined to issue a Policy to you? :  
(b) Declined to continue your Insurance? :  
(c) Not invited the renewal of your policy? :  
(d) Imposed any restrictions or special conditions? :
8. Have you claimed or received compensation under any accident or sickness policy? If so, please give full details of Insurer, claim amount :
9. (a) State the Sum Insured required now :  
(b) Whether Medical expenses to be covered :

I declare that the above answers are true to the best of my knowledge and belief, and that I have disclosed all particulars affecting the assessment of the risk. I agree that this proposal and declaration shall be the basis of the Contract between me and the Company.

PROPOSER'S SIGNATURE

## PERMANENT DISABILITY SCALE

	Percentage
1. Death	100%
2. Total and Permanent disablement from attending to or following any occupation or employment	100%
3. Total and irremediable blindness in both eyes	100%
4. Total and irremediable blindness in one eye and loss of one hand or one foot	100%
5. Total and irremediable blindness in one eye	50%
6. Loss of both hands or feet or one hand and one foot.	100%
7. Loss of one hand or one foot	50%
8. Loss of hearing or speech	50%
9. Loss of hearing in one ear	15%
10. Loss of arm at shoulder	75%
11. Loss of arm below shoulder	65%
12. Loss of leg at hip	75%
13. Loss of leg below hip	65%
14. Loss of thumb (both phalanges)	25%
15. Loss of thumb (one phalanx)	10%
16. Loss of index finger (three phalanges)	10%
17. Loss of index finger (two phalanges)	8%
18. Loss of index finger (one phalanx)	4%
19. Loss of finger other than thumb or index finger	5%
20. Loss of great toe	5%
21. Loss of any other toe	1%
22. Any permanent partial disablement not specified above other than loss of sense of taste or smell such percentage to be assessed by the Company as in the opinion of the company's medical advisers is not inconsistent with the foregoing without regard to the Insured Person's occupation.	

## EXCEPTIONS

No payment will be made under this Policy for bodily injury consequent upon:

- (1) any unlawful act of the Insured Person or his wilful exposure to danger (other than in an attempt to save human life) suicide or attempted suicide or intentional self injury.
- (2) medical or surgical treatment except where such treatment is rendered necessary by bodily injury within the scope of this Policy.
- (3) The effect or influence (temporary or otherwise) of alcohol or drugs not prescribed by a qualified Practitioner, venereal disease or insanity.
- (4) pregnancy or childbirth.
- (5) winter sports, rock climbing, mountaineering (which requires the use of ropes or guides) pot-holing, skin-diving, parachuting, Association football or Rugby football, ice hockey, riding on a motor cycle, motor scooter, moped or mechanically assisted pedal cycle (whether as driver or passenger), polo, steeplechasing, big game hunting or hunting, other than on foot, racing of any kind other than on foot.
- (6) flying as a member of an aircrew or in an aircraft for the purpose of any trade or technical operation thereon or air travel other than as a passenger in any properly certificated or licensed power-driven aircraft constructed to carry passengers.
- (7) war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion.  
In any claim and in any action suit or other proceedings where the Company alleges that by reason of this Exception any death, disablement or expense is not covered by this Policy, the burden of proving that such death, disablement, or expense is covered shall be upon the insured
- (8) regular or temporary military or police duties.