

Personal Accident Insurance Proposal

Branch Name -----

Policy Holder's Name ----- Agent's Name -----

NRC/PASSPORT No. ----- Agent's No. -----

Insured's Name -----

Father's Name -----

Age (Next Birthday) -----

Date of Birth -----

Nationality -----

Marital Status -----

Male / Female -----

Height -----

Body Weight -----

NRC/PASSPORT No. -----

Occupation (in detail) -----

Nature of Occupation -----

Address -----

Phone -----

Sum Insured Kyat ----- US\$ -----

Term 3 Months 6 Months 12 Months

Beneficiary's Name -----

Father's Name -----

Age -----

Date of Birth -----

NRC/PASSPORT No. -----

Relationship -----

Address -----

Phone -----

I do hereby declare that on the date this Proposal is presented I am in robust health without having any Injury on my body.

I also admit that those declarations, additions and answers mentioned above are correct to the best of my knowledge and belief. I am fully aware that they form basis of the contract which would be made between this insurance company and me and that if those answers, declarations and additions be incorrect in some way, the contract would be abrogated with the result that no benefit is receivable.

Policy Holder's Signature

Name -----

Witnesses Signature

Insured's Signature

Name -----

Name -----

Address -----

Address -----

Phone -----

Phone -----