

The Heritage Insurance Company Tanzania Limited Oyster Bay Office Complex | 368 Msasani Road | Oyster Bay P.O BOX 7390 Dar Es Salaam Tanzania (t) 255 22 266 4204/4209 (f) 254 22 266 210 Website: www.heritagetanzania.com https://www.facebook.com/heritagetanzania/

PROPOSAL FORM - GROUP PERSONAL ACCIDENT

SEC	TION 1 - BUSINESS	DETAILS							
a.	Full Name of Propo	ser							
b.	Contact Details:	(tel):		(fax):				
		(mobile):		(W	veb):				
		(email):							
		(postal):	(code):		(town/ city):			
C.	Profession or Occup	ation:							
SECTION 2 - PROPOSAL DETAILS									
i.	Period Of Insurance	: (From):		(1	To):				
2.	Benefit Required	(Capital E	<u>Benefits)</u>						
	DEATH								
	PTD								
	TTD								
	MEDICAL								
	LIMITS OF COVER (Based on Annual Earnings)								
	3 Years Earnin	gs							
	4 Years Earnin	gs							
	5 Years Earnin	gs							
	Medical Exper	ises							
	No. of Employ	ees							
3.	If cover required is	s a multiple	of earnings – provide the	estimated	d annual e	arnings on per	category t	oasis e.g	

ii cover requireu is a multiple of earnings -	provide the estimated annual earnings on per category basis e.g
Job Title :	Estimated Annual Earnings :
Managers	
Clerks	
Messengers	
1	

4.	Has the insured been before –
	if Yes name of company

Yes No

1 5	
Previous claims if	
PIEVIOUS CIAITIIS II	
YEAR	CLAIMS AMOUNT :

Extention required	1:
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Riot & Strike Yes No

DECLARATION

I hereby declare that I have in the foregoing particulars stated the truth without any reservation whatsoever and I agree and give permission on the Insurer to refer to any person, firm or organisation named herein for confirmation of the dates and/or other details.

Signature of Proposer: _____ Date: _____