



ብርሃን ኢንሹራንስ ኩባንያ (አ.ማ.)
BERHAN INSURANCE COMPANY (S.Co.)

ዋና መስሪያ ቤት - አዲስ አበባ
 Head Office - Addis Ababa
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Tel. Nos. _____
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 Fax No. _____
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 P.o.Box _____

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 e-mail _____

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_____Branch

ስልክ ቁጥር

Tel. Nos. _____

ፋክስ ቁጥር

Fax No. _____

PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

PART I PERSONAL DATA

- Proposer's Name _____
 Address: City _____ Sub city _____ Kebele _____ H.No. _____
 P.O.Box: _____ Telephone _____
- Proposer's age: _____ height _____ weight _____
- Proposer's profession or occupation: _____
- Are you self-employed? Yes No

PART II. INSURANCE HISTORY

- Have you ever been declined, postponed on special terms for life, accident or sickness policy 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

- Are you now insured against accident? If so, with whom and for what amount and weekly benefits?

- Does your average monthly income exceed the monthly indemnity under a policy you have including that now applied for? _____

- Have you ever made a claim against an insurance company in respect of accident or illness?

PART III. GENERAL

- Description of proposer's duties
 - Administrative /Clerical/
 - Partially Manual if (i) or (ii) give brief
 - Wholly manual description _____
- Do you suffer or have suffered any

	yes	no	
i) injuries?	<input type="checkbox"/>	<input type="checkbox"/>	
ii) physical defects or infirmities	<input type="checkbox"/>	<input type="checkbox"/>	if yes give details, date and periods
iii) illness including any psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>	of disablement