

Proposal Form



Personal Accident

All information stated herein will be considered as confidential by the company

Please answer all questions fully and submit Form Without delay

> 1 - Proposer

Surname : Maiden Name :

First Names :

Title : Mr/Mrs/Ms/Dr Other: Sex: Male/Female Marital Status :

Address :

Email Address :

Tel No Res : Off : Mob :

Date of Birth : National Identity Card :

Occupation :

Proposal : Single / Joint : Place of Birth :

> 2 - Insured Person

Title Mr / Mrs / Miss :

Surname :

First Name (s) :

Date of Birth :

Business occupation (please state any manual work duties) :

Please tick the appropriate box if you wish to be covered for :

| | | | |
|------------------------|--------------------------|-------------|--------------------------|
| Underwater sports | <input type="checkbox"/> | Waterskiing | <input type="checkbox"/> |
| Hunting (in Mauritius) | <input type="checkbox"/> | Motocycling | <input type="checkbox"/> |

Hazardous sports : sports in the air, on ice or snow, skating, combat, horse - racing or others.
(Please give details).

Medical History :

Have you ever had any of the following? If YES, please give details at the back of the form.

- (i) Fits or blackouts of any kind, anxiety or depressive state or mental breakdown
- (ii) Rheumatic or arthritic complaints
- (iii) Slipped disc or any other trouble
- (iv) Cancer or tumours
- (v) Physical disability or deformity or recurring injury or sickness of any kind

YES or NO

YES or NO

Have you consulted a doctor or received any medical attention during the past five years ?

If Yes, please provide detail in respect of each accident / sickness

➤ 3 - Cover

State limit required in case of :

a. Death

b. Permanent Incapacity

c. Medical Expenses

➤ 4 - Data Protection

Cim Insurance Limited is registered as Data Controller under the Data Protection Act 2004 (Act). In the performance of its business, all the personal data collected and processed (including the sensitive data) will be treated in strictest confidence. We will use our best efforts to ensure that data is accurate, complete, current and reliable for its intended use.

Supply of information in the form is mandatory. To this end, the use of personal information may include sharing the information with other persons or bodies, such as our intermediaries, other insurance companies, surveyors, investigative agents, reinsurers, actuaries, regulatory institutions, fraud and money laundering investigating institutions, whether in Mauritius or another country

The personal data provided may be used for data sharing by Cim Insurance Limited with other Cim Group companies to advise of, offer and supply other goods and services, for other marketing purposes in a way that is compatible with Data Protection and Privacy Policy (Privacy Policy). It will not however, be presented to a third party (unless otherwise stated in the form or required by law) without your specific authorisation to do so. This exercise excludes the sensitive data.

By signing the form, you are agreeing that your personal data may be processed in the manner hereinabove described. If at any time subsequent changes occur to your personal data or you have any enquiry relating to our Privacy Policy, you can send them in writing to our Compliance Manager.

➤ 5 - Declaration

I/WE hereby declare all statements made and particulars given in this proposal form to be true, that I/WE have not withheld any material information and that I/WE agree that this declaration shall be the basis of the contract between me/us and CIM INSURANCE LIMITED.

Date :..... Signature of Proposer(s) :.....