



Group Term Life & Accident Insurance Proposal

Proposer (Full name, address, Commercial Register, etc.)
Trade or industry activities undertaken
Period of Insurance
Territoriality
Face value	A multiple of months salary, or Otherwise please specify
Total face value
Insured population employees (Please attach detailed census list on an excel sheet)
Benefits Required	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Death due to any cause <input type="checkbox"/> Dismemberment <input type="checkbox"/> Others (please indicate)
Claims history	Please indicate claims history for the past 3 years, stating number of deaths, total face value paid, and cause of death:



Current Insurer
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We hereby declare that the statements made by us in this Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Proposal shall form the basis and be part of any policy issued in connection with the above risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy and that the Insured will not lodge any other claims of whatever nature.

The Insurers undertake to deal with this information in strict confidence.

Proposer Signature and Company stamp

Date