

MYANMA INSURANCE

Proposal for Insurance

1. Name in full -----
 2. Address -----
 3. Age next birthday ----- 4. Height ----- 5. Weight -----

6. Profession or Occupation (State Whether Commercial duties only, Master Superintending or Master Working Exact Nature of duties should be stated; Expressions such as "Service" should not be used)

7. State : - (a) Whether you are and always have been of temperature habits		(e) Whether you have defective sight or hearing.	
(b) Whether you have ever had a fit of any kind of paralysis		(f) Whether you have ever had Erysipeals, Diabetes of Gout.	
(c) Whether you have been ruptured		(g) Whether you are free from Physical defect and Infirmity and whether you ordinarily enjoy good health.	
(d) Whether you have Varicose Veins			

8. Are you insured against Accidents of Disease at the present time (If so give name of Company or Companise)

9. Have you ever applied or are you now applying for Accident or Disease Insurance to any other Company or has any Company cancelled or declined to renew your policy? If so, give name of Company or Companies

10. Are you at present insured under the Myanma Insurance's Life Policy or have you proposed for such Insurance? If so, state amount or give number or Policy

11. Have you ever made a claim against any Accident or Sickness insurance Company? If you have not been insured, give particulars of all accidents you have met with during the last three years which have disable you for more than one week

12. State which (if any) of the following additional risks you wish to be covered by Insurance: Motor Cycling, Polo, Hunting, Pigsticking or paper Chasing on Horse Back, Riot and Civil Commotion, Air Travel is to be covered, state the number of flights undertaken by you during the last twelve months.

13. Is it your intention to travel in the near future? If so, please state the names of the countries you will visit

14. Are you a total abstainer? If so, state how many years standing

The Following question need only be answered when the proposal is for Insurance under Table A.

15. (a) State whether you have ever had any of the diseases against which you are proposing for insurance.
 (b) Have you within the last six weeks been exposed to infection by any of these diseases

PERSONAL ACCIDENT & DISEASE INSURANCE

MYANMA INSURANCE, No. 627-635, MERCHANT STREET, YANGON

အပိုပရီမီယံကြေးပေးဆောင်ပါက အောက်တွင်ဖော်ပြထားသည့် အန္တရာယ်တစ်ခု (သို့မဟုတ်) တစ်ခုထက်ပိုသော အန္တရာယ်များ အကာအကွယ်ပေးရန် “ကိုယ်အင်္ဂါထိခိုက်မှုနှင့် ရောဂါဘယအာမခံစာချုပ်” ကို တိုးချဲ့ထားရှိနိုင်ပါသည်။ “ကိုယ်အင်္ဂါထိခိုက်မှုနှင့်ရောဂါဘယအာမခံစာချုပ်” တွင် တိုးချဲ့အကာအကွယ်ပေးစေလိုသည့် အန္တရာယ်များကို အောက်တွင်ဖော်ပြသတ်မှတ်ပေးရန်။

The Personal Accident & Disease Insurance Policy can be extended to cover one or more of the following perils on payment of additional premiums. Please indicate below the perils to be covered as extension to be Personal Accident & Disease Insurance Policy.

- ၁။ ဆေးဝါးကုသမှုကုန်ကျစရိတ်အကာအကွယ်
Medical Expense
- ၂။ အပိုရောဂါ(၃)မျိုးအကာအကွယ်
Additional Disease
- ၃။ အဓိကရုဏ်း၊ ဆူပူထကြွသောင်းကြမ်းခြင်းအကာအကွယ်
Riot and Civil Commotion
- ၄။ စစ်မက်ဘေးအန္တရာယ်အကာအကွယ်
War Risk
- ၅။ ပင်လယ်ရေကြောင်းဆိုင်ရာအကာအကွယ်
Sea Risks
- ၆။ အားကစားသမားထိခိုက်မှုအကာအကွယ်
Sportsman Accident
- ၇။ လုပ်ငန်းခွင်ဆိုင်ရာထိခိုက်မှုအကာအကွယ်
Occupational Accident

INSURANCE REQUIRED

Table _____ Class _____ Amount Ks. _____ Amount Ks. _____

Declaration - I do here by declare that the above answers are true and that I have with held no information whatever regarding the proposal. I agree that this declaration and the answers above given shall be basis of the contract between me and Myanma Insurance and I further agree to accept a policy subject to the conditions in an endorse don the Policy.

Insurance required for _____ months

Signature _____

From _____ to _____

Date _____

MYANMA INSURANCE

SPECIAL FEATURES AND BENEFITS OF "MYANMA INSURANCE" PERSONAL ACCIDENT AND DISEASE POLICY

Tables

Myanma Insurance recognizing the need for providing Covers that will meet the particular requirements of as many individual Proposers as possible, has divided the benefits of its Comprehensive Policy into three Tables, as detailed overleaf, any of which may be selected.

CLASSIFICATION OF RISKS

Class I - Professional Men, Bankers, Commercial Travellers, and Mercantile Classes Generally,

Class II - Civil and Electrical Engineers, Planters and Master Tradesmen (working at non - hazardous business),

Class III - Builders, Veterinary Surgeons and selected risks among persons engaged in manual labour.

ADDITIONAL DISEASES

Malaria, Dengue Fever and Influenza can be covered under Table A only, on payment of an enhanced premium.

No compensation is payable for the first two weeks of disablement resulting from Malaria and Dengue Fever.

MEDICAL EXPENSES:-

Actual Medical Expense up to a limit of one-quarter of the claim of 2% of the Capital sum insured, whichever is less, can be covered on payment of an additional premium.

DAYS OF GRACE

Fourteen days of grace are allowed for the Renewal of the Policy.

RENEWAL BONUS:-

Renewal Premiums are reduced as follows: First Renewal Premium by 5%, Second Renewal Premium by 7½%, Third and subsequent premiums by 10%.

BENEFITS OF THE POLICIES

LIMITS OF AGE 16 TO 60

1. In the event of an Accident causing: -

Death, or injury or disablement, the benefits of the assured(s) shall be as stated in the attached schedule.

Table B	{	Table C	(a) Death	....	....	....	....	....	the Capital sum Insured.	
			(b) Loss of Two Limbs or of Two Eyes, or of One Limb and One Eye							the Capital sum Insured.
			(c) Loss of One Limbs or of One Eyes	....	....	....				50% of the Capital sum Insured.
			(d) The injury other than those stated above	....	....					As per the benefit scale prescribed With Directive No. 015/2010 dated 20.10.2010

2. In the event of any of the following Diseases causing Temporary Total Disablement:-

Aneurism	Fistula-in-Ano	Perythiphritis
Angina Pectoris	German Measles	Pleurisy (non-Tubercular)
Anthrax (Malignant Pustules)	Glandes	Pneumonia
Apoplexy	Hemiplegia	Ptomaine Poisoning
Appendicitis	Hydrocephalus	Pyaeamia
Asiatic Cholera	Hydrophobia	Quinsy (suppurative)
Bubonic Plague	Laundry's Paralysis	Scarlet Fever (Scarlatina)
Bursitis	Laryngitis(acute non-Tubercular)	Scurvy
Cancer	Lead Colic	Septicaemia
Carbuncle	Locomotor Ataxia	Shingles
Cerebral Abscess	Measles	Small Pox
Chicken Pox	Meningitis (cerebro-spinal)	Sunstroke
Chorea (St. Vitus Dance)	Mumps	Tetanus
Diabetes	Myxedema	Tetany
Diphtheria	Nephritis (acute)	Typhilitis
Dysentery	Otitis	Typhoid Fever (Enteric)
Epylepsy	Pericarditis (suppurative)	Typhus Fever
Erysipelas	Peritonitis (acute)	Whooping Cough
Facial Pralysis (non-cerbral)		
(a) During such Total Disablement, -per week	....	0.6% of the Capital sum Insured
(b) During Convalescence immediately following confinement to the house, -per week	....	0.2% of the Capital sum Insured.
<i>N.B.</i> - The weekly compensation under (b) is payable maximum up to 4 weeks only, and under both (a) and (b) maximum up to 52 weeks.		

3. In the event of any Disease causing: -

(a) Total and Irremediable Blindness	....	....	....	50% of the Capital sum Insured.
(b) Permanent Complete Paralysis of all the Four Limbs	....	....	....	50% of the Capital sum Insured.
(c) Permanent and Complete Paralysis of Two Limbs only	....	....	....	25% of the Capital sum Insured.