



**FAMILY PERSONAL ACCIDENT INSURANCE PROPOSAL FORM**

**APPLICATION DETAILS**

	<b>Name in Full</b>	<b>Date of Birth</b>	<b>Occupation</b>
Insured	:		
Spouse	:		
Children			
1	:		
2	:		
3	:		
4	:		

**Address:**

P. O Box No. :

Telephone : (R) (O)

: (M)

Give details of any existing physical defect, infirmity or illness of any of the above applicants:

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Give details if any applicant partakes in any of the following activities:

- 1) Motor cycling
- 2) Professional Football
- 3) Racing of any kind (other than on foot)
- 4) Mountaineering, winter sports, or activities of a similar hazardous nature:


**NB: An additional premium may be charged to cover these activities.**

Name and Address of any Nominee/beneficiary, if desired:

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**Number of units selected - ONE /TWO**

**Premium: Qrs.**

**Date of proposal and declaration:**

Signature:



**LIBANO-SUISSE S. A. L.**  
Insurance Company

**FAMILY PERSONAL ACCIDENT INSURANCE**

BENEFITS	COMPENSATION PER UNIT			
	INSURED	SPOUSE	CHILDREN	
			6 - 16 Yrs	0 - 5 Yrs
<b>BENEFIT A. (Death)</b>	Qrs. 50,000/-	Qrs. 50,000/-	Qrs. 5,000/-	Qrs. 1,500/-
<b>BENEFIT B. (Permanent Disablement)</b>	Qrs. 50,000/-	Qrs. 50,000/-	Qrs. 17,500/-	Qrs. 3,000/-

**PERMANENT DISABILITY SCALE**

1- Total and permanent disablement from attending to or following any occupation or employment	100%
2- Total and irremediable blindness in both eyes	100%
3- Total and irremediable blindness in one eye and loss of one hand or one foot	100%
4- Total and irremediable blindness in one eye	50%
5- Loss of both hands or feet or one hand and one foot	100%
6- Loss of one hand or one foot	50%
7- Loss of hearing or speech	50%
8- Loss of hearing in one ear	15%
9- Loss of arm at shoulder	75%
10- Loss of arm below shoulder	65%
11- Loss of leg at hip	75%
12- Loss of leg below hip	65%
13- Loss of thumb (both phalanges)	25%
14- Loss of thumb (one phalanx)	10%
15- Loss of index finger (three phalanges)	10%
16- Loss of index finger (two phalanges)	8%
17- Loss of index finger (one phalanx)	4%
18- Loss of finger other than thumb or index finger	5%
19- Loss of great toe	5%
20- Loss of any other toe	1%
21- Any permanent partial disablement not specified above other than loss of sense of taste of smell	Such proportion to be assessed by the Company as in the opinion of the Company's medical advisers is not inconsistent with the foregoing and without regard to the insured's occupation

**BENEFIT C. (Medical/Surgical Expenses):**

**Reimbursement up to Qrs. 5,000/- in respect of any accident(irrespective of number of units selected)**

**BENEFIT D. (Repatriation of body):**

**Not Exceeding Qrs. 5,000/- per body (irrespective of number of units selected)**