



**Follow the instructions bellow to complete this form:**

1. Open this form with *AdobeAcrobat*.
2. Carefully fill in the form by clicking on the provided fields.
3. Don't input incorrect information, ask for assistance if you're uncertain.

**For appending of signature;**

4. Click on the signaturefield
5. Click *Configure New Digital ID*
6. Click *Create a new Digital ID* then click *Continue*
7. Click *Save to File* then click *Continue*
8. Save the form every time a digital signature is added.
9. Once you've completed the form, save and email or whatsApp it and the associated documents

**Please attach the following documents after completing the form:**

**Need assistance?**

Call or email us for quick assistance.

Mobile:

Email:





**D. WIBA Cover (Work Injury Benefit Act)**

Item	Description of Occupation	No.	Estimated Annual Earnings
1	Indoor servants (free up to 2)		
2	Gardeners		
3	Drivers		
4	Watchman		
5	Any Other		

13. Have you ever had any claims / loss?                      Yes                      No

If yes, please give more details and amounts of losses in the last 3 years:

14. Name of previous insurer(s)

15. Has any insurance company;

- a) Declined your proposal?                      Yes                      No
- b) Cancelled or refused to renew your Policy?                      Yes                      No
- c) Required an increased premium on renewal?                      Yes                      No

If yes, please give more details

**DECLARATION**

I/we hereby declare and warrant that the statements given over are true and that I/we have not suppressed or misrepresented any material fact and I/we undertake to use all necessary and proper precautions for the safety of the general public, and I/we agree if the premium be wholly or in part based on wages or other variable factor to keep proper record thereof and at the end of each period of indemnity to supply to the Company the correct statement of the requisite particulars for the purpose of adjusting the premium and to pay any consequent extra premium due, and I/we further agree that this proposal and declaration shall be the basis of the proposed contract between the company and Myself/Ourselves and that I/we accept the Company's policy subject to its terms, exceptions and conditions. Any error, omission, deliberate suppression and/or mis-representation of material facts or incorrect statements will render this insurance contract null and void.

Proposers Signature/ Official Stamp:

Date: