

**PERSONAL
ACCIDENT
INSURANCE**

PROSPECTUS AND PROPOSAL FORM

REAL INSURANCE COMPANY LIMITED
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REAL INSURANCE COMPANY LIMITED

PERSONAL ACCIDENT INSURANCE - PROSPECTUS

The cover provided is for Death, Permanent Total Disablement, Temporary Total Disablement, Temporary Partial Disablement and Medical Expenses.

The risks excluded comprise mainly death or disablement

(a) caused by or resulting from War or Riot or Kindred risks;

(b) due to intentional self injury or sustained whilst the Insured is suffering from insanity or is under the influence of intoxicants.

TRAVEL BY AIR

The Insurers' annual policies include travel AS A PASSENGER in a fully-licensed heavier-than-air aircraft operated by a recognised Airline on a scheduled service or a fully-licensed twin or multi-engined heavier-than-air aircraft lawfully operated on an individual charter for hire or reward.

FOREIGN TRAVEL

Policies are free from restriction as to foreign travel.

MEDICAL EXAMINATION is not required.

Full details of the cover can be obtained from a specimen policy which will be supplied on request.

SCALE OF PERMANENT DISABLEMENT BENEFITS

Description of Disablement	Percentage Payable	Description of Disablement	Percentage Payable
Loss of or Loss of Use of One arm hand leg or foot	100%	Loss of or Loss of Use of ring finger: three phalanges.....	8%
Complete and irrecoverable Loss of all sight in one or both eyes	100%	two phalanges	6%
Loss of or Loss of Use of thumb: both phalanges	30%	one phalanx	3%
one phalanx	10%	Loss of or Loss of Use of little finger: three phalanges	10%
Loss of or Loss of Use of index finger: three phalanges	12%	two phalanges	6%
two phalanges	8%	one phalanx	3%
one phalanx	4%	Loss of or Loss of Use of toes: all toes of one foot	25%
Loss of or Loss of Use of middle finger: three phalanges	8%	great-both phalanges	5%
two phalanges	6%	great-one phalanx	2%
one phalanx	3%	any other toe	5%
		Loss of or Loss of Use of hearing: both ears	50%
		one ear	20%

Agency:

REAL INSURANCE COMPANY LIMITED

PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

PLEASE USE CAPITAL LETTERS

Full Name of Proposer			
Postal Address		Tel. No:	
Profession or Occupation			
Date of Birth	Strike out the descriptions that do not apply (if more than one state all) a) Commercial duties only c) Superintending and working b) Superintending duties only d) Employee working manually		
Period of Insurance	From	To	

ALL QUESTIONS MUST BE ANSWERED FULLY BY THE PROPOSER. IF YOU HAVE TICKED A SHADED BOX PLEASE GIVE FULL DETAILS

1. State (a) your height, (b) your weight and (c) whether your weight is increasing, stationary or decreasing.	(a)	(b)	(c)
2. Have you suffered or do you suffer from:- (a) impairment of sight or hearing, varicose veins, rupture or any ailment affecting the heart?	YES	NO	
(b) any other serious injury or illness?	YES	NO	
3. Are you of healthy and unimpaired constitution and at present in sound health?	YES	NO	
4. Do you intend to engage in:- (a) hunting, (b) steeplechasing, (c) racing of any kind, (d) rugby, football, (e) polo, (f) motor cycling, (g) mountaineering, (h) big game shooting, (l) winter sports, (j) air travel other than as defined in the prospectus? (The insurance does not cover the above risks but some may be insured by special arrangement).	(a) (b) (c) (d)	(e) (f) (g) (h)	(i) (j)
5. Have you any intention of leaving the country in which you are at present residing? If so, what part of the world do you intend to visit, for what period and for what purpose?	YES	NO	
6. Are there any circumstances connected with your occupation, health, habits, pursuits which would render the insurance such as is proposed more than usually hazardous?	YES	NO	
7. (a) Has any Proposal been made to insure your life? If so, state when and to which insurer.	YES	NO	
(b) Has any such proposal ever been (i) declined, (ii) deferred (iii) withdrawn (iv) accepted at an increased premium?	YES	NO	(i) (ii) (iii) (iv)
8. (a) Are you at present insured or have you ever proposed for insurance in respect of Personal Accident or Sickness? If so, state which Insurer.	YES	NO	
(b) Has any such proposal or renewal of such insurance ever been (i) declined (ii) deferred (iii) withdrawn (iv) made subject to a restrictive endorsement?	YES	NO	(i) (ii) (iii) (iv)
9. Have you a Personal Accident and/or Sickness Policy in force?, if so state with whom and the total amount of insurance.	YES	NO	

