

Group Personal Accident Insurance: Work Sheet

Insured	Name	:
	Address	:
	Business Description	:
	Period	:

Interest	Number	Sum Insured per person	Medical Expense
No. of expatriate staff	:	US\$.....	US\$.....
No. of office staff	:	US\$.....	US\$.....
No. of workers	:	US\$.....	US\$.....
No. of other staff	:	US\$.....	US\$.....

Territorial Limit	<input type="checkbox"/> Worldwide and 24 hours
	<input type="checkbox"/> Working hours, Work related including traveling to and from workplace within Cambodia

History	Currently, does the proposer have any group personal accident policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, state the name of the company:		

Claim Experience	Has the proposer made any claim(s) or had any accident(s) for the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please state		
.....			
.....			

Remarks

For Official Use Only	
Rate :%	Cession to Cambodian Re:
Terms :	
Remarks:	
.....	
.....	Account Handler:.....
Recorded by:	Date: / /

CUSTOMER DETAILS

Company/Organization Name:

Type of Business:

Address:.....

Phone:Fax Email:

Contact Person: 1) Tel:

2) Tel:

3) Tel:

Intermediary Name: Account #: