

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: [www.salamtakafulinsurance.com](http://www.salamtakafulinsurance.com)

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## GROUP PERSONAL ACCIDENT PROPOSAL FORM

**Instruction:** Use (✓) where appropriate.

### PART A: PROPOSER DETAILS

FULLNAME:

BUSINESS ADDRESS:

TELEPHONE:  EMAIL:

OCCUPATION/TRADE:

### PART B: WORK DETAILS

i- Particulars of Work in which the employees will be engaged:

ii- Territory(ies) in which Workmen are Employed:

iii- Are any of the following used in connection with your business?

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| (a) Woodworking or Power Driven Machinery   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (b) Lifts, Cranes, Hoists or other Lifting Apparatus  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (c) Slings or Cradles   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (d) Scaffolding   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (e) Any Other Mechanical Plant  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (f) Processes involving a noise level in excess of 85 dB(A)   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (g) Radioactive substances or other sources of ionising radiation's   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (h) Asbestos, Silica or PCB's   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (i) Heat (oxy-acetylene or similar welding or cutting equipment, blow lamps, blow torches, flamed guns, hot air guns or other heat producing equipment) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (j) Energy risks ( Onshore / Off Shore)   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (k) Explosives  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If YES, please give details:

Authorized and Regulated by:



Member of:



iv- Provide details of All persons engaged in the work:

Description of Employees	Estimated Number of Employees	Estimated Annual Wages( Salaries and other Earnings)		
		Basic	Other Allowances	Total
Clerical Staff				
Commercial Travelers				
Employees engaged with Wood-working Machinery, including Machinists and Machinists Laborers				
Others, Viz				
The total amount of wages, salaries and other earnings paid by me/us to the above-mentioned employees during the past twelve months was _____				

### PART E: DECLARATION

I/ we hereby declare that I am/we are familiar with the regulations of Takaful business written by Salam Takaful Insurance Company Limited., and I/we agree to deal with the company accordingly. Also I/we authorize the company to manage and invest the contribution(s) in the manner deemed necessary under these regulations.

I/ We do understand and agree that the information disclosed in this proposal will form the basis of Takaful contract.

I/We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the Takaful contract will become null and void without any notice.

I/We agree to the terms, conditions including all exclusions of Takaful Contract which I/we have read carefully.

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

Authorized and Regulated by:



Member of:

