

PERSONAL ACCIDENT APPLICATION

Please complete this form in block capitals using black ink



GLOBAL PERSONAL ACCIDENT
Personal Accident Insurance for Expatriates



دبي للتأمين
DUBAI INSURANCE

YOUR PERSONAL DETAILS

First name: _____ Surname: _____ Mr/Dr/Mrs/Ms/Miss _____
Address: _____
Telephone: _____ Fax: _____ Email: _____
Date of birth: _____ Nationality: _____ Male Female
Country of residence: _____ Global Health certificate number: _____

YOUR OCCUPATION

Certain occupations may be subject to a premium loading. If your occupation exposes you to greater risks than a sedentary, office based occupation, please give full details. We will then be able to advise you if any premium loading is necessary to cover you whilst you are working.

Please state your occupation: _____ Is your occupation 100% office based? Yes No

If your occupation is not 100% office based, please provide a full job description here (continue on a separate sheet if necessary):

YOUR SPORTING AND LEISURE ACTIVITIES

Accidents arising from all hazardous activities including private flying, motor-bike riding, racing (other than on foot), and hazardous sports such as winter sports, horse riding, hunting, diving (using breathing apparatus), mountaineering, pot-holing, rock climbing, parachuting, all aerial activities such as hang gliding, bungee jumping and ballooning, are NOT covered by the Global Personal Accident insurance. If you participate in ANY sporting or hazardous activities, please state full details about your activities including how frequently you participate. We can then quote the additional premium required to cover your declared activities:

WAR RISKS

The Global Personal Accident insurance excludes all War Risks. If you are likely to remain in, or travel to, any countries where there is war or civil unrest, or which the British Foreign Office has advised its citizens to leave, please give full details:

YOUR PREMIUM

The premium you pay depends on the amount of cover you apply for. Cover is available in the following amounts (Please tick):

STERLING		US DOLLARS		EUROS	
Benefit	Annual premium	Benefit	Annual Premium	Benefit	Annual Premium
<input type="checkbox"/> £50,000	£70	<input type="checkbox"/> \$75,000	\$108	<input type="checkbox"/> €75,000	€108
<input type="checkbox"/> £100,000	£140	<input type="checkbox"/> \$150,000	\$216	<input type="checkbox"/> €150,000	€216
<input type="checkbox"/> £150,000	£210	<input type="checkbox"/> \$225,000	\$324	<input type="checkbox"/> €225,000	€324
<input type="checkbox"/> £200,000	£280	<input type="checkbox"/> \$300,000	\$432	<input type="checkbox"/> €300,000	€432
<input type="checkbox"/> £250,000	£350	<input type="checkbox"/> \$375,000	\$540	<input type="checkbox"/> €375,000	€540

DECLARATION AND AUTHORISATION

I hereby apply for cover on behalf of all the persons named in this application form for a Global Personal Accident as specified above. I have made a full and complete disclosure about the medical history of each person included in this application and I fully understand that pre-existing conditions as defined in the Global Personal Accident agreement shall not be covered by the insurance plan.

I also understand that I must notify William Russell Ltd of any changes in the facts contained in this application form, such as a change in the state of health of any person named in it. I authorise any doctor who has ever treated or advised any of the persons named in this application to provide Dubai Insurance Company and/or William Russell Ltd with any information they may require in connection with treatment related to any claim under this plan. I declare that the information given in this application is true and complete.

I, and all those named in this application, understand that in order to assess my claim, William Russell may need to obtain details of my medical history. I, and all those named in this application, hereby authorise any physician, healthcare professional, hospital, clinic and other healthcare institution to disclose to Dubai Insurance Company and/or William Russell Ltd, to the extent allowed by applicable law, any information concerning the medical history, services, supplies, or treatment provided to anyone listed on this application, including those services involving dental, substance abuse and HIV/AIDS.

I understand that Dubai Insurance Company and/or William Russell Ltd may rely on this information to administer my policy and claims and to determine policy coverage according to applicable laws and regulations.

I understand that I may ask to review my personal or healthcare information and request amendments, to the extent allowed by law, and that I may revoke this authorisation at any time.

This authorisation shall remain valid for the term of my Global Personal Accident, including any periods of cover following subsequent renewals, or for so long as allowed by law.

If I have applied for a travel insurance plan, I declare that at the time of purchasing this insurance or at the time of booking any future trip(s), I am aware of no reason why any journey or trip should be cancelled or curtailed or expense be incurred.

If I have indicated that I wish to pay by credit or debit card, I agree that Dubai Insurance Company and/or William Russell Ltd may debit my account with the appropriate premiums on or before their due dates, and all subsequent renewal premiums due as invoiced by Dubai Insurance Company and/or William Russell Ltd until I give written notice that I wish to terminate this agreement. I understand that my cover will terminate in accordance with the terms of the Global Personal Accident agreement if Dubai Insurance Company and/or William Russell Ltd are unable to collect my premium – for whatever reason – and I do not provide Dubai Insurance Company and/or William Russell Ltd with an alternate method of payment immediately.

I hereby give Dubai Insurance Company and/or William Russell Ltd authorisation to send my insurance documents in pdf format by email to the email address I have stated in this application. If I have applied through an intermediary, I hereby give Dubai Insurance Company and/or William Russell Ltd authorisation to send my insurance documents in pdf format by email to my intermediary.

I understand that my personal data will be processed in accordance with the Data Protection Act (1988) and the EU Data Protection Directive 95/46/EC.

I understand that Dubai Insurance Company and/or William Russell Ltd will hold and process my personal data for the purposes of processing my Global Personal Accident, processing any claims submitted under my Global Personal Accident and providing other related services, which may include sharing my personal data with the insurers of my plan, doctors and other medical professionals involved in my treatment or care (or the treatment or care of other persons insured under my Global Personal Accident), Dubai Insurance Company and/or William Russell Ltd's emergency assistance providers and other agents. I understand that this may include the transfer of personal data to countries outside the European Union and in signing this form I consent to such transfer and use.

I also understand that my personal data may be disclosed to any regulatory body that may require Dubai Insurance Company and/or William Russell Ltd to disclose it and that, in the event of fraud or suspected fraud, my personal data may be disclosed to other parties, including but not limited to, the appropriate law enforcement agencies.

I consent to Dubai Insurance Company and/or William Russell Ltd processing personal and sensitive data about me and other persons included on this application form. I understand that all personal data I supply must be accurate and confirm that I have the specific consent of all other persons included on this application to disclose their personal data.

I understand that telephone calls to Dubai Insurance Company and/or William Russell Ltd may be recorded and monitored.

IMPORTANT NOTICE REGARDING PAYMENT OF DEATH BENEFITS: Your Global Life & Income Protection plan is subject to the law of Dubai. You are strongly advised to consider completing the following Beneficiary Nomination form if you wish to avoid the possibility that any Death benefit payable under the pla-might be distributed in accordance with the inheritance laws of Dubai, applicable if no beneficiary has been nominated and based on the Sharia law of inheritance.

Signature of applicant:

Date:

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK

BENEFICIARY NOMINATION



GLOBAL PERSONAL ACCIDENT

Personal Accident Insurance for Expatriates

INSURED PERSON

Last name:

First Name:

Policy Number:

Address:

Postcode :

Country:

NOMINATED BENEFICIARY/BENEFICIARIES

I hereby nominate the following person(s) as beneficiary (or beneficiaries) of the above Global Personal Accident Plan in the event of my death:-

Full Name	% of benefit to be paid	Address	Relationship to insured person

IN THE EVENT OF DEATH OF ONE OR MORE OF THE ABOVE MENTIONED BENEFICIARIES

If the death of one or more of the above mentioned named beneficiaries precedes your own, the proportion of that benefit that otherwise would have been paid to those beneficiaries will be shared between any surviving beneficiaries, in proportion with the percentages specified above for those surviving beneficiaries. If this is not your wish, or if you would to nominate any alternative beneficiary/beneficiaries, in the event that the death of any of the above beneficiaries precedes your own, please state your wishes here:

DECLARATION

In the event of my death, I hereby instruct Dubai Insurance Company PSC and/or their authorised representative to distribute the proceeds of my Global Personal Accident Plan in accordance with the instructions I have given above. I understand that I am cancelling any and all previous beneficiary nominations that I may have made. I understand that I may change this beneficiary appointment at any time by completing a new beneficiary nomination form. I also understand and agree that these beneficiary nominations instructions will apply not only to the policy number specified above but also to all subsequent renewals of that policy unless and until I submit another duly signed beneficiary nomination form.

Signed:

Date:

IMPORTANT: Beneficiary Nomination can only be updated on receipt of this original signed form.
Please return the completed form to the address below.