



Global Personal Accident Plan

Application Form

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email, or post. You can find our contact details at the end of this form.

Your details

First name: Surname: Title:

Address:

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Email: Health plan number:

Your occupation

Please provide full details of your occupation, particularly if your occupation exposes you to greater risks than office-based employment. Please note that certain occupations may increase your premium.

Occupation: Industry:

If NO, please itemise your ordinary work duties, including the percentage of work time ordinarily spent on each duty:

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Hazardous activities

The personal accident plan does not cover accidents arising as a result of hazardous activities or occupations. Cover for hazardous activities and occupations may be subject to a premium loading or special terms, or we may simply decline to offer cover.

Hazardous activities include off-piste skiing, scuba diving to a depth of more than 30 metres (or any unsupervised scuba diving), rock climbing or mountaineering, pot-holing, hang-gliding, parachuting (including tandem), bungee jumping, kite surfing/windsurfing, hunting on horseback, driving or riding in any kind of race or competition, flying other than as a passenger in a commercial aircraft, riding a motorcycle (or riding pillion), motor scooter, moped or quad bike, or any other activity that places you in a similar degree of danger as any of those mentioned here.

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The personal accident plan excludes all war risks. If you are likely to remain in or travel to any countries where there is war or civil unrest, or where the British Foreign & Commonwealth Office has advised its citizens to leave, please give full details:

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Your level of cover

US DOLLARS		UAE DIRHAMS	
Benefit	Annual Premium	Benefit	Annual Premium
<input type="checkbox"/> \$75,000	\$108	AED275,250	AED396
<input type="checkbox"/> \$150,000	\$216	AED550,500	AED792
<input type="checkbox"/> \$225,000	\$324	AED825,750	AED1,188
<input type="checkbox"/> \$300,000	\$432	AED1,101,000	AED1,584
<input type="checkbox"/> \$375,000	\$540	AED1,376,250	AED1,980



Nominated beneficiaries

I hereby nominate the following person(s) as a beneficiary of my personal accident plan in the event of my death:

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

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

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How we use your information

Please read this section carefully.

- We will use the information that you have given us on this application form for the purposes of administering your plan, processing your claims, identifying and preventing fraud, complying with our legal and regulatory obligations, and carrying out research and statistical analysis to help us improve our services. We will not retain your information for longer than is necessary.
- We may share your information with other organisations in relation to the above purposes, e.g. the insurer of your plan, payment service providers, and our emergency medical assistance service providers.
- Telephone calls to and from Dubai Insurance Company psc. may be recorded for training and monitoring purposes.
- We will process the personal information of each person named on this form, including sensitive information such as details about your/their health, in accordance with our privacy policy.
- Our privacy policy also contains information about who to contact if you have any questions about how we use your information, or if you would like to request a copy of the information we hold about you. For full details of our privacy policy, please visit globalplans.ae/privacy or consult your plan agreement.

Declaration for your plan

Please read this section carefully and sign below.

- I understand that my application for a personal accident plan is subject to written acceptance by Dubai Insurance psc.
- I declare that I have taken reasonable care to answer every question for all persons named on this form fully, accurately, and to the best of my knowledge and belief.
- I understand that misrepresentation could result in claims being rejected or not fully paid, and/or my plan being cancelled.



Declaration for your plan (continued)

- I understand that I must inform Dubai Insurance Company psc., in writing, of any changes in the facts provided in my application, occurring before the start date of my plan.
- In order to process my claims, I understand that Dubai Insurance psc. may need to obtain details of my medical history.
- I authorise Dubai Insurance Company psc. to send all insurance documents as PDF files to the email address I have provided on this form. If I have applied through a broker or intermediary, I understand that these documents may be sent via email to that broker or intermediary.
- I understand that, upon receipt of my insurance documents, if I am not entirely satisfied, I can cancel my application from inception and receive a full refund of the premium paid, provided I notify Dubai Insurance psc. within 30 days of the plan start date, and provided no claim has been made.

Some important notes

Please make sure that this form and all supplementary documents are legible.

We are unable to accept electronic signatures below.

Name of applicant:

Signature of applicant: **Date:**