



Agents for
TRINIDAD AND TABAGO INSURANCE LIMITED
HEAD OFFICE: 11 MARAVAL ROAD, PORT OF SPAIN, TRINIDAD.

PERSONAL ACCIDENT INSURANCE

Personal injury can be as painful to your pocket as to your person. Loss of income and increased expenses may well cause hardship to you and your family. Secure peace of mind in the knowledge that in your time of need this Policy offers you generous protection. Cover applies to accidents occurring any where in the world and includes travel as a passenger in a fully licensed passenger carrying aircraft.

The standard benefits for a sum insured of \$5,000 are as follows:-

Bodily injury resulting in

- | | |
|---|---|
| 1. DEATH | 1. \$5,000 |
| 2. LOSS OF LIMB OR SIGHT OR SPEECH OR HEARING | 2. \$5,000 |
| 3. PERMANENT DISABLEMENT | 3. An amount based on a maximum of \$5,000 determined according to the Table of Permanent Disabilities. |
| 4. TEMPORARY TOTAL DISABLEMENT | 4. \$50 per week up to a limit of 100 weeks. |

MEDICAL EXPENSES.

In addition we will pay up to \$2,500. during any one period of insurance for medical and surgical expenses necessarily incurred as a result of an accident. You are responsible for the first \$50 of each and every claim.

If you choose a higher sum insured all the benefits are increased proportionately.

WEEKLY BENEFIT LIMIT FOR TEMPORARY TOTAL DISABLEMENT

Weekly benefits are limited to your approximate weekly earnings or 1% of the sum insured for Death, whichever is less, subject to a maximum of \$1,000 per week.

EXCLUSIONS:

The policy does NOT cover injury due to or caused by:-

- a) war risks
- b) nuclear risks
- c) your service or duty with any armed force
- d) intentional self-injury, your suicide or attempted suicide, occurring while you are in a state of sanity
- e) venereal disease, drug addiction, alcoholism or acquired immune deficiency syndrome
- f) your engaging in skin diving involving the aid of breathing apparatus, rock climbing or mountaineering involving the use of ropes or guides, potholing, hunting on horseback, football, rugby or aerial sports
- g) your driving or riding on motor cycles or motor scooters or driving or riding in or practicing for any race
- h) your using woodworking machinery for the purpose of your occupation
- i) or disablement prolonged by pregnancy or childbirth.



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PERSONAL ACCIDENT PROPOSAL FORM

EACH OF THESE QUESTIONS MUST BE ANSWERED FULLY

PLEASE USE BLOCK CAPITALS

Name of Proposer: _____

Address _____

Occupation _____

Sum Insured Required (Minimum \$5,000 Maximum \$750,000) \$ _____