

Personal Accident Declaration

I understand that I have applied for the following coverages:

- Cash Hospital** which offers daily benefits for each day in the hospital due to an **accident or sickness**.
- 24 Hour Compensation** which provides a monthly benefit if I become totally or partially disabled as a result of an **accident**. Benefits are not payable if disabled due to sickness.
- Family Accident** which provides a daily benefit for each day in the hospital due to an **accident**. Benefits are not payable if hospitalized as a result of sickness.
- Critical Illness Plus** which provides a lump sum benefit upon diagnosis of a covered **critical illness**. This coverage also contains additional benefits.
- Supplementary Health** which provides benefits for the following: Convalescent Facility, Day-Surgery, Convalescent Day-Surgery, Outpatient Cancer Treatment, Home Nursing Care and Ambulance.
- Sickness Hospital** which offers a daily benefit for each day in the hospital due to **Sickness**. Benefits are not payable if hospitalized as a result of an accident.
- Accidental Death & Dismemberment** which offers a lump sum benefit payable in the event of death or dismemberment due to an **accident**.
- Accidental Fracture** which provides a lump sum benefit payable if I suffer a fracture due to an **accident**. Benefits are not payable if the fracture results from a sickness.

Benefits are subject to the terms and conditions of the policy.

Date

Insured's Signature