

Group Personal Accident Insurance: Work Sheet

Insured	Name : Address : Business Description : Period :																									
Interest	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Number</th> <th style="width: 15%; text-align: center;">Sum Insured per person</th> <th style="width: 5%;"></th> <th style="width: 10%; text-align: center;">Medical Expense</th> </tr> </thead> <tbody> <tr> <td>No. of expatriate staff</td> <td style="text-align: center;">:.....</td> <td style="text-align: center;">US\$.....</td> <td style="text-align: center;">US\$.....</td> <td style="text-align: center;">US\$.....</td> </tr> <tr> <td>No. of office staff</td> <td style="text-align: center;">:.....</td> <td style="text-align: center;">US\$.....</td> <td style="text-align: center;">US\$.....</td> <td style="text-align: center;">US\$.....</td> </tr> <tr> <td>No. of workers</td> <td style="text-align: center;">:.....</td> <td style="text-align: center;">US\$.....</td> <td style="text-align: center;">US\$.....</td> <td style="text-align: center;">US\$.....</td> </tr> <tr> <td>No. of other staff</td> <td style="text-align: center;">:.....</td> <td style="text-align: center;">US\$.....</td> <td style="text-align: center;">US\$.....</td> <td style="text-align: center;">US\$.....</td> </tr> </tbody> </table>		Number	Sum Insured per person		Medical Expense	No. of expatriate staff	:.....	US\$.....	US\$.....	US\$.....	No. of office staff	:.....	US\$.....	US\$.....	US\$.....	No. of workers	:.....	US\$.....	US\$.....	US\$.....	No. of other staff	:.....	US\$.....	US\$.....	US\$.....
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No. of other staff	:.....	US\$.....	US\$.....	US\$.....																						
Territorial Limit	<input type="checkbox"/> Worldwide and 24 hours <input type="checkbox"/> Working hours, Work related including traveling to and from workplace within Cambodia																									
History	Currently, does the proposer have any group personal accident policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the name of the company:																									
Claim Experience	Has the proposer made any claim(s) or had any accident(s) for the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state																									
Remarks																									

For Official Use Only	
Rate : % Terms :	Cession to Cambodian Re:
Remarks:	
Recorded by: Date: / /	
Account Handler:	

CUSTOMER DETAILS

Company/Organization Name:

Type of Business:

Address:.....

Phone:Fax Email:

Contact Person: 1) Tel:

2) Tel:

3) Tel:

Intermediary Name: Account #: