

MYANMA INSURANCE

SPECIAL FEATURES AND BENEFITS OF "MYANMA INSURANCE" PERSONAL ACCIDENT AND DISEASE POLICY

Tables

Myanma Insurance recognising the need for providing Covers that will meet the particular requirements of as many individual Proposers as possible, has divided the benefits of its Comprehensive Policy into four Tables, as detailed overleaf, any of which may be selected.

CLASSIFICATION OF RISKS

- Class I - Professional Men, Bankers, Commercial Travellers, and Mercantile Classes Generally,
- Class II - Civil and Electrical Engineers, Planters and Master Tradesmen (working at non-hazardous business),
- Class III - Builders, Veterinary Surgeons and selected risks among persons engaged in manual labour.

ADDITIONAL DISEASES

Malaria, Dengue Fever and Influenza can be covered under Table A only, on payment of an enhanced premium. No Compensation is payable for the first two weeks of disablement resulting from Malaria and Dengue Fever.

DAYS OF GRACE

Fourteen days of grace are allowed for the Renewal of the Policy.

RENEWAL BONUS:-

Renewal Premiums are reduced as follows: First Renewal Premium by 5% Second Renewal Premium by 7½%. Third and subsequent premiums by 10%.

N.B. This bonus entitled only for those policies insured in terms of kyat.

MEDICAL EXPENSES:-

Actual Medical Expenses up to a limit of one-quarter of the claim or 2% of the Capital sum insured, whichever is less, can be covered on payment of an additional premium.

**BENEFITS OF THE POLICIES
LIMITS OF AGE 16 TO 60**

1. In the event of an Accident causing :-

Death, or injury or disablement, the benefits of the assured(s) shall be as stated in the attached schedule.

Table B.	Table C.	Table	(a) Death	---	---	---	---	---	the Capital sum Insured.
			(b) Loss of Two Limbs or of Two Eyes, or of One Limb and One Eye	---	---	---	---	---	the Capital sum Insured.
			(c) Loss of One Limb or of One Eye,	---	---	---	---	---	50% of the Capital sum Insured.
			(d) Permanent Total Disablement by injuries other than those stated above	---	---	---	---	---	100% of the Capital sum Insured.
			(e) (1) Temporary Total Disablement per week	---	---	---	---	---	0.6% of the Capital sum Insured.
			(2) Temporary Partial Disablement per week	---	---	---	0.2% of the Capital sum Insured.		

N.B.- The above weekly compensation is payable up to maximum 52 weeks.

2. In the event of any of the following Diseases causing Temporary Total Disablement:-

Aneurism	Fistula-in-Ane	Perythipitis
Angina Pectoris	German Measles	Pleurisy (non-Tubercular)
Anthrax (Malignant Pustule)	Glanders	Pneumonia
Apoplexy	Hemiplegia	Stomach Poisoning
Appendicitis	Hydrocephalus	Pyæmia
Asiatic Cholera	Hydrophobia	Quinsy (suppurative)
Bubonic Plague	Laurely's Paralysis	Scarlet Fever (Scarlatina)
Bursitis	Laryngitis (acute non-Tubercular)	Scurvy
Cancer	Lead Colic	Septicæmia
Carbuncle	Locomotor Ataxia	Shingles
Cerebral Abscess	Measles	Small Pox
Chicken Pox	Meningitis (cerebro-spinal)	Sunstroke
Chorea (St. Vitus Dance)	Mumps	Tetanus
Diabetes	Myxœdema	Tetany
Diphtheria	Nephritis (acute)	Typhilitis
Dysentery	Otitis	Typhoid Fever (Enteric)
Epilepsy	Pericarditis (suppurative)	Typhus Fever
Erysipelas	Peritonitis (acute)	Whooping Cough

Facial Paralysis (non-cerebral)

(a) During such Total Disablement, -per week	---	---	---	0.6% of the Capital sum Insured.
(b) During Convalescence immediately following confinement to the house, - per week	---	---	---	0.2% of the Capital sum Insured.

N.B. - The weekly compensation under (b) is payable maximum up to 4 weeks only, and under both (a) and (b) maximum up to 52 weeks.

3. In the event of any Disease causing :-

(a) Total and Irremediable Blindness	---	---	---	50% of the Capital sum Insured.
(b) Permanent Complete Paralysis of all the Four Limbs	---	---	---	50% of the Capital sum Insured.
(c) Permanent and Complete Paralysis of Two Limbs only	---	---	---	25% of the Capital sum Insured.

PREMIUM ON APPLICATION

MYANMA INSURANCE

Proposal for Insurance

1. Name in full _____			
2. Address _____			
3. Age next birthday _____		5. Weight _____	
4. Height _____			
6. Profession or Occupation (State Whether Commercial duties only, Master Superintending or Master Work. Exact nature of duties should be stated; Expressions such as "Service" should not be used) _____			
7. State :-			
(a) Whether You are and always have been of temperate habits _____		(e) Whether you have defective sight or hearing _____	
(b) Whether you have ever had a fit of any kind of paralysis _____		(f) Whether you have ever had Erysipelas, Diabetes or Gout _____	
(c) Whether you have been ruptured _____		(g) Whether you are free from Physical defect and infirmity and whether you ordinarily enjoy good health _____	
(d) Whether you have Varicose Veins _____			
8. Are you insured against Accidents of Disease at the present time (If so give name of Company or Companies) _____			
9. Have you ever applied or are you now applying for Accident or Disease Insurance to any other Company or has any Company cancelled or declined to renew your policy? If so, give name of Company or Companies _____			
10. Are you at present insured under the Myanma Insurance's Life Policy or have you proposed for such insurance? If so, state amount or give number of Policy _____			
11. Have you ever made a claim against any Accident or Sickness Insurance Company? If you have not been insured, give particulars of all accidents you have met with during the last three years which have disable you for more than one week _____			
12. State which (if any) of the following additional risks you wish to be covered by insurance: Motor Cycling, Polo, Hunting, Pigsticking or paper Chasing on Horse Back, Riot and Civil Commotion, Air Travel is to be covered, state the number of flights undertaken by you during the last twelve months.) _____			
13. Is it your intention to travel in the near future? If so, please state the names of the countries you will visit _____			
14. Are you a total abstainer? If so, state how many years standing _____			
The following questions need only be answered when the proposal is for insurance under Table A.			
15. (a) State whether you have ever had any of the diseases against which you are proposing for insurance. (b) Have you within the last six weeks been exposed to infection by any of these diseases _____			
16. When were you last vaccinated _____			
17. Do you wish to be insured for the additional Diseases? _____			
18. Do you wish medical expenses to be covered? _____			

INSURANCE REQUIRED

Table _____ Class _____ Amount Ks. _____ Amount Ks. _____

Declaration - I do hereby declare that the above answers are true and that I have withheld no information whatever regarding the proposal. I agree that this declaration and the answers above given shall be basis of the contract between me and Myanma Insurance and I further agree to accept a policy subject to the conditions in an application for the Policy.

Insurance required for _____ months
from _____ to _____

Signature _____
Date _____

**PERSONAL
ACCIDENT &
DISEASE
INSURANCE**

**MYANMA INSURANCE
627-635, MERCHANT STREET,
YANGON.**