

ស៊ីបី ហែលីវែល ទីនេស្យូរែល ម.ក  
CB GENERAL INSURANCE PLC.  
គោលការណ៍ប្រាក់ប្រគល់  
PERSONAL ACCIDENT INSURANCE

បែបបទស្នើសុំ គោលការណ៍ប្រាក់ប្រគល់ - Proposal Form

ចូរបំពេញតម្លៃ និងប្រអប់ខាងក្រោមអោយបានត្រឹមត្រូវ (បំពេញសញ្ញា ✓ ក្នុងប្រអប់)

Please complete fully. (Tick boxes ✓ where appropriate)

រយៈពេលនៃការធានារ៉ាប់រងដែលស្នើសុំ ចាប់ពី ថ្ងៃ ដល់ ថ្ងៃ  
Propose Period of Insurance : From \_\_\_\_\_ to \_\_\_\_\_  
ស្នើសុំ ការបន្តសុពលភាព ក្នុងករណីប្រតិបត្តិការប្រាក់ប្រគល់  
Request For :  Quotation  Renewal  Account Handler

ព័ត៌មានរបស់អ្នកស្នើសុំធានារ៉ាប់រង - Applicant Information

ឈ្មោះអ្នកស្នើសុំធានារ៉ាប់រង/ Insured Full Name: \_\_\_\_\_  
អាសយដ្ឋាន/Address: \_\_\_\_\_  
អ្នកទាក់ទង/ Contact Person: \_\_\_\_\_  
លេខទូរស័ព្ទ/ Telephone: \_\_\_\_\_ អ៊ីមែល/Email: \_\_\_\_\_  
ប្រភេទអាជីវកម្ម/ Occupation: \_\_\_\_\_

មូលដ្ឋាននៃការធានារ៉ាប់រង - Basis of Coverage

Plan 1:  Plan 2:  Plan 3:  
 Option 1  Option 2  Option 3  Option 4

ហត្ថលេខារបស់អ្នកស្នើសុំធានារ៉ាប់រង និងត្រា (បើមាន)  
Signature of the Insured and Stamp (If applicable)  
ឈ្មោះ: \_\_\_\_\_ ហត្ថលេខារបស់អន្តរការី  
Name: \_\_\_\_\_ Signature of Intermediary  
កាលបរិច្ឆេទ: \_\_\_\_\_ ឈ្មោះ: \_\_\_\_\_  
Date: \_\_\_\_\_ Contact number: \_\_\_\_\_

## CB PERSONAL ACCIDENT INSURANCE PROPOSAL

PLAN 1 Occupation Class 2	Option 1	Option 2	Option 3	Option 4
	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Loss of Life or Total permanent Disablement	\$5,000	\$10,000	\$15,000	\$20,000
Medical Expense	-	-	-	-
Daily Allowance – Max 10 Days	-	-	-	-
<b>Registry Fee</b>	-	-	-	-
<b>Total Premium</b>	<b>\$34</b>	<b>\$45</b>	<b>\$57</b>	<b>\$68</b>

PLAN 2 Occupation Class 2	Option 1	Option 2	Option 3	Option 4
	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Loss of Life or Total permanent Disablement	\$5,000	\$10,000	\$15,000	\$20,000
Medical Expense	\$100	\$200	\$300	\$400
Daily Allowance – Max 10 Days	-	-	-	-
<b>Registry Fee</b>	-	-	-	-
<b>Total Premium</b>	<b>\$37</b>	<b>\$51</b>	<b>\$65</b>	<b>\$79</b>

PLAN 3 Occupation Class 2	Option 1	Option 2	Option 3	Option 4
	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Loss of Life or Total permanent Disablement	\$5,000	\$10,000	\$15,000	\$20,000
Medical Expense	\$100	\$200	\$300	\$400
Daily Allowance – Max 10 Days	\$5	\$10	\$15	\$20
<b>Registry Fee</b>	-	-	-	-
<b>Total Premium</b>	<b>\$40</b>	<b>\$57</b>	<b>\$74</b>	<b>\$92</b>

### CONDITION AND/OR WARRANTY

1. Policy Wording: PA - CB General Insurance Plc.  
\*Terms and conditions apply.
2. Age Limit: 18 - 65 years old
3. Law and Jurisdiction: Law of the Kingdom of Cambodia
4. Geographical Limitation: 24 Hours and worldwide

### OCCUPATION CLASS

Class 2:

Professions and occupations involving work of a supervisory nature or traveling. out site for office purposes but not engaging in manual labor.

### DECLINE RISK

If the applicant is working in the following high-risk occupation:

1. Miners, Using Explosives, Timber Loggers, other dangerous occupation.
2. Ship crews, divers, stevedores, workers involving in ship building, shop repairing or ship breaking.
3. Workers involved in manufacturing, storing and transportation of any explosives, firework, gun power, policemen, soldier, security guard, ammunition or nitroglycerin, toxic substance, and waste.
4. Construction workers, occupation involving high voltage electrical installation, sawmill workers, workers working on offshore oil rig or any offshore works.
5. Professional athletes and sportsman, stuntman, taxi driver and motorcycle taxi, driver, tuk tuk driver.