PRIME INSURANCE COMPANY LIMITED
P.O BOX 30280,LILONGWE 3, MALAWI | (H/O) CHIEF KILIPULA BUILDING
Tel: +265 01 753012/757721 | Fax: +265 01 756320
Website: www.primeinsurancemw.com
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**GROUP PERSONAL ACCIDENT**

**PERSONAL FORM**

1. Name of Insured .....

2. Address .....

3. The business.....

4. Period of Insurance .....

5. Schedule of Benefits:-

(i) Death (a or b) : (a) Basic Amount K .....

(b) A sum equal to year's earnings.....

(ii) Permanent Disablement: Standard percentage of (i) (a) or (b) above

(iii) Total and absolute incapacity from following usual employment for a period longer than one week (iii) (a or b) (a) K ..... per week

(b) A sum equal to 100% of Average Weekly earnings for each week of such incapacity up to 104 weeks.

(iv) Medical Expenses : K .....

6. **Schedule of Insured Persons** (a) or (b)

(a) Named Persons

| | **Name** | **Occupation** | **Est. Annual Earnings** |
|---|---|---|---|
| (i) | ..... | ..... | K..... |
| (ii) | ..... | ..... | K..... |
| (iii) | ..... | ..... | K..... |

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(b) Unnamed Persons

| Occupation | Est. Number | Est. Annual Earnings |
|---|---|---|
| (i) ..... | ..... | K..... |
| (ii) ..... | ..... | K..... |
| (iii) ..... | ..... | K..... |

7. **Date** ..... **Signature** .....

## SCHEDULE OF DISABLEMENT - BENEFIT 2

The Compensation hereunder is payable in the following proportions of the Basic Amount in the event of Permanent Disablement.

| | Compensation |
|---|---|
| (a) Loss by physical separation at or above the wrist or ankle of one or more limbs .. .. .. | 100% |
| (b) Loss of whole eye .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 100% |
| sight of eye .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 100% |
| (c) Injuries resulting in Permanent Total Disablement from following usual occupation or any other occupation for which the Insured Person is fitted by knowledge or training .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 100% |
| (d) Loss of four fingers .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 70% |
| (e) Loss of thumb - both phalanges .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 25% |
| - one phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 10% |
| (f) Loss of index finger - three phalanges .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 10% |
| - two phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 8% |
| - one phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. | 4% |

(g) Loss of middle finger - three phalanges .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 6%

- two phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 4%

- one phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 2%

(h) Loss of ring finger - three phalanges .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 5%

- two phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 4%

- one phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 2%

(i) Loss of little finger - three phalanges .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 4%

- two phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 3%

- one phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 2%

(j) Loss of metacarpals - first or second (additional) 3%

(third, fourth or fifth (additional) .. .. .. .. .. .. .. .. .. .. .. .. 2%

(k) Loss of toes - all on one foot .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 30%

- great, both phalanges .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 5%

- great, one phalanx .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 2%

- other than great, if more than one toe lost, each .. .. .. .. .. .. .. .. 1%

(l) Loss of hearing - both ears .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 80%

- one ear .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 25%

(m) Loss of - sight, except perceptions of light . .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 75%

- lens of eye .. .. .. .. .. .. .. .... .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. 75%

**PROVIDED ALWAYS THAT:**

(i) In the event of Compensation becoming payable under more than one of Benefits 2(a) to 2(m) in respect of one Insured Person the total amount payable shall not exceed 100% of the Basic Amount

in respect of such person.

(ii) Where the injury is not specified the Company will pay such Compensation as in its opinion is not inconsistent with the provisions of this schedule.

(iii) Permanent total loss of use of member shall be treated as loss of member.