



*The strength behind your insurance*

## PERSONAL ACCIDENT UPGRADE APPLICATION FORM

Policy No.: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Name of Insured Person: \_\_\_\_\_

Occupation and Duties: \_\_\_\_\_

New Sum Insured Requested: \_\_\_\_\_

Effective Date of Changes: \_\_\_\_\_

Reason(s) for Upgrade: \_\_\_\_\_

Please list any sickness or injury suffered by you since the inception date of this policy:

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Please list any change in address, occupation, habits or pursuits since the inception date of this policy:

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**I hereby declare that to the best of my knowledge and belief, all answers to the foregoing questions are correctly and accurately recorded, and that they are full, complete and true. I understand that the completed truth of these statements is a precedent to any liability under the above captioned policy.**

\_\_\_\_\_  
Signature of Insured Person

\_\_\_\_\_  
Date (day/month/year)