



Grand Trust Underwriters

Flat D, 10/F., World Trust Tower,
50 Stanley Street, Central, Hong Kong
<http://www.hkpli.com>

GROUP PERSONAL ACCIDENT INSURANCE APPLICATION FORM

APPLICANT DETAILS

Full Name of Applicant	
(Property Owner/Occupier)	
Contact No.:	
Email Address:	
Business Operation/Occupation:	
Correspondence Address:	

LOCATION DETAILS

FULL description of trade or business (School/Manufacturer/Trading Company etc)			
How long have you been established			
Floor area of the location			
Number of cover person			
Job Nature of the cover person	Category		Number of person under this category

Loss History

Please provide any details of claims or known circumstances for the past 3 years

Limit of Indemnity required (Per Person Per Claim)

HK\$	
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Desired Period of Insurance (MM/DD/YYYY):

From:	To:
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Signature of the Applicant :

Date :
