[Place], date/month/year

**PERSONAL ACCIDENT**

**INSURANCE**

[NAME OF THE INSURANCE COMPANY] certifies that Mr/Ms [NAME OF STUDENT] is insured by our Company according to the policy [POLICY NUMBER], for accident/damages caused to the insured during his/her stay in [NAME OF COUNTRY] and during his/her traineeship at the workplace at the [NAME OF INSTITUTION/ORGANISATION/ ENTERPRISE].

The policy is valid from ……/…../…… [DATE] up to …../…../….. [DATE].

|  |  |
| --- | --- |
| **Insured risks** | **Limits** |
| Accidental Death  |  |
| Permanent total disability by accident |  |
| Permanent partial disability by accident |  |
| Health and Medical expenses due to accident |  |
| Hospital expenses due to accident  |  |
| Hospital expenses due to sudden illness |  |
| Health and Medical care expenses due to sudden illness  |  |
| Repatriation  |  |
|  |  |
|  |  |
|  |  |

**NAME OF INSURANCE COMPANY/STAMP**

**SIGNATURE**

**NAME OF INSURER**

**[Place], date/month/year**