

PROPOSAL FORM FOR INDIVIDUAL PERSONAL ACCIDENT INSURANCE
(For Sum insured exceeding Rs.1 lakh)

1. (a) Name of the Proposer :
(b) Name of the Insured Person :
β (c) Relation between the proposer and the Insured Person:
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2. Residential Address / Permanent Address :
3. Address for Correspondence :
4. (a) Profession; Occupation, Trade or Business :
(Please describe fully with nature of duties)
(b) Are you primarily engaged in administrative.
(c) Does your occupation requires
δ (d) Do you engage in
 - i) Racing on wheels or Horseback
 - ii) Big game hunting
 - iii) Mountaineering
 - iv) Winter sports, skiing or ice hockey
 - v) Ballooning or poto or Sports of similar nature(e) What is your average monthly income from
 - i) Gainful Employment Rs.
 - ii) Other sources Rs.Total: Rs.
5. Date of Birth Height Meters. Weight Kgs.
6. Have you suffered or do ;you suffer from:
(Full particulars must be given in case the answer is 'Yes' to any of the following queries)
Any physical defect or infirmity
 - (a) Gout or Arthritis or Diabetes, Paralysis.
Fits or any kind or any other chronic disease.
 - (b) Any other disability
7. (a) Have you ever proposed for Accident and / or Life Insurance
(b) If so, give name of each Company and amount of Insurance
(c) Has any Company
 - i) declined to issued a policy to you?
 - ii) Declined to continue your Insurance.
 - iii) Not invited the renewal of your Policy?
 - iv) Imposed any restriction or special conditions?If so, give names and address of each Company in Respect of i), ii), iii) and iv) above.
(d) Is this insurance to be additional to any other Accident Policy or
 - i. Name of Co.
 - ii. Sum insured

Employee Scheme: If so give particulars of all other policies.

iii. Policy No.

8. Have you ever claimed / received compensation under any Accident Policy?
If so, give full particulars, name of insurer, amount and dates.

9. Please indicate Premium

- a) Capital Sum Insured Rs.
- b) Table of cover Benefit (1) to i.e. Table
- c) Period of Insurance From To

10. Do you wish to obtain cover against additional Risks mentioned under extension cover? If yes, Specify which

11. FAMILY PACKAGE COVER:

A. INSURED PERSONS:

Members of the family To be covered other Than insured)	Age	Profession/ Occupation	Annual Income	CSI	Table of Benefits
1. Name of Spouse					
2. Name of children					
1.					
2.					
3.					

B. MEDICAL EXPENSES

(due to accident) to be covered: Yes / No

I declare that the above answers are true to the best of my knowledge and belief, that I have disclosed all particulars affecting assessment of the risk. I agree that this proposal and declaration shall be the basis of the contract between me and this Company.

Place: Proposer's Signature

Date: Signature of the person To be insured

ASSIGNMENT:

I do hereby assign the monies payable by the M/s Insurance Co. Ltd., in the event of my death to (Name & Relationship to the Insured) and I further declare that his / her / their receipt shall be sufficient discharge to the Company.

Dated this day of 200 at

WITNESS:

1. Name & Address:

Signature / s

Signature of the Policy holder

PROHIBITION OF REBATES

The following is the copy of Section 41 of the Insurance Act, 1938:

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India any rebate of the whole or part of commission payable or any rebate or the premium shown on the policy nor shall any person taking out or renewing continuing a policy except any rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to five hundred rupees.