

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

Name in Full.....

N.I.C. No.....

Permanent Address

Business or Occupation

Date of Birth.....

Height..... Weight.....

Amount to be Insured Rs.....

Cover Required..... Scheme.....

Period: From..... To.....

Beneficiary.....

N.I.C. No.....

Relationship.....

If additional Medical Expenses Cover
required, state amount Rs.....

1. Are you already insured under P.A. Policy ? Please mention amount Rs._____
2. Have you made any claim under such policy before ? If so give details._____
3. Have you been declined / offered or accepted on special terms or had a policy cancelled for Life or Accident Insurance?_____
4. Have you got a Life Insurance Policy ? Please mention amount Rs._____