



ACCIDENT INSURANCE FOR THE FAMILY

Proposal Form

Name of the Proposer _____

Date of Birth _____

Residential Address _____

_____ Tel. No. _____

Name & Address of Employer _____

Occupation _____

(Please give full details _____

Particulars relating to your spouse, and children aged between 1 year and 20 years who are dependent on you.

<u>Name</u>	<u>Relationship with you</u>	<u>Date of Birth</u>	<u>Occupation</u>	<u>State of Health</u>

Cover Required : I wish to have the following Plan.

- Plan I Accidental Death, Permanent Disability, Temporary Total Disability.
- Plan II Accidental Death, Permanent Disability
- Plan III Accidental Death
- Accidental Medical Coverage

Amount of Cover

Accident Sum Insured Rs. _____

Medical Coverage Amount Rs. _____

Weekly income Cover under Plan-I will be: for yourself Rs. 5 per 1000 of Accident Sum Insured and for your spouse 50% thereof. Benefit period upto 52 weeks.

Any other benefit you wish to add _____

Name of Beneficiary _____

Relationship with you _____

Name of contingent beneficiary _____

Relationship with you _____

For Questions 1-6 please tick boxes as appropriate. Where any answer is "yes", please give details:

1. Are you or any member of your family insured against Personal Accident? Yes No
2. Do you or any member of your family have life insurance? Yes No
3. Do you or any member of your family suffer from any of the following impairments :
 (a) Impaired eye sight (b) Impaired hearing
 (c) Any physical or mental defect or infirmity (d) Any sickness.
 Yes. No.
4. Have you or any member of your family ever met with an accident? Yes No
5. Do you or any member of your family engage in any of the following sports/avocations?
 (a) Motor cycling as a sport, (b) Hunting.
 (c) Mountaineering (d) Winter Sports
 (e) Aviation (other than as a fare paying passenger).
 Yes. No:
6. Has any insurance company ever declined a proposal for insurance from you, or imposed special conditions or cancelled any policy?
 Yes No

I hereby declare and warrant that the answers given above are true and correct and I hereby agree that this proposal and the declaration shall be the basis of the contract between me and the New Jubilee Insurance Company Ltd., and I agree to accept the Policy issued by the Company and I further agree to inform the Company of any change in my occupation, health or physical fitness.

Date : _____

Signature of Proposer _____

The liability of the Company does not commence until the Proposal has been accepted and the premium paid. Only official receipt issued from the Company on a printed form is binding on the Company.

For Company Use Only

Occupational Classification of the Proposer	A	B	C
Premium Calculation	Rate	Amount	Premium
(a) Death	_____	_____	_____
(b) Permanent Disability	_____	_____	_____
(c) Temporary Total Disability	_____	_____	_____
(d) Medical Cover	_____	_____	_____
(e) Other	_____	_____	_____
(f) Total (a) to (e)	_____	_____	_____
(g) Less Policyholder's Discount @ 15%			_____
(h) Add Surcharge @ 5%			_____
(i) Net rate (f) - (g) + (h)			_____
	Add Stamp Duty		_____
	Total premium payable		_____