

**PERSONAL ACCIDENT INSURANCE****Proposal Form**

Name of the Proposer \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

Name &amp; Address of Employer \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

(Please give full details) \_\_\_\_\_

\_\_\_\_\_

**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 under Plan-I will be Rs. 5 per 1000 of  
Accident Sum Insured and payable 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 at present insured against Personal Accident?  
Yes.  No.
2. Do you at present have life insurance? Yes.  No.
3. Do you 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 ever met with an accident? Yes.  No.
5. Do you 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 :

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 \_\_\_\_\_