



**GROUP PERSONAL ACCIDENT**  
**PROPOSAL FORM**

Name of Proposer: .....

(If a partnership, give names of all partners) .....

Email Address: ..... Phone Number: .....

Postal Address: ..... Physical Address: .....

Plot No : ..... District: .....

The Business: ..... Industry: .....

TPI NO: ..... Company Reg. No. .... Date of Registration.....

Contact Person: ..... ID NO: ..... Phone Number.....

Period of Insurance: From: ..... To: .....

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**SCOPE OF COVER**

This Policy offers benefits like Accidental Death Cover, Accidental Permanent Total Disability Cover, Accidental Permanent Partial Disability Cover, Accidental Temporary Total Disability Cover and few optional benefits.

NOTE: The foregoing is only an indication of the cover offered. For details, please refer to the Policy.

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Please answer all questions fully and correctly. Where any question does not apply, please mention that the same is not applicable clearly.

**Schedule of Benefits: -**

- (i) Death (a or b) : (a) Basic Amount K.....
- (b) A sum equal to year's earnings.....
- (ii) Permanent Disablement: Standard percentage of (i) (a) or (b) above
- (iii) Total and absolute incapacity  
from following usual employment  
for a period longer than one  
week (iii) (a or b) (a) K ..... per week
- (b) A sum equal to 100% of Average Weekly  
earnings for each week of such incapacity  
up to 104 weeks.
- (iv) Medical Expenses : **Limit** K.....
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**Schedule of Insured Persons** (a) or (b)

1. Please answer all questions fully and correctly. Where any question does not apply, please mention that the same is not applicable clearly.

(a) Number of Persons to be insured : .....

(b) Categories of Proposed Insured (Add more categories if needed)-for e.g. Cat 1- Senior Management; Cat 2 - Middle Management; Cat 3- Junior Management

	<u>Category</u>	<u>General Description / Number</u>	<u>Est. Annual Earnings</u>
(i)	.....	.....	K.....
(ii)	.....	.....	K.....
(iii)	.....	.....	K.....
(iv)	.....	.....	K.....

2. Do your employee as a group engaged in any hazardous sport that are likely to cause bodily injury?  Yes  No

If yes, please provide details: .....

3. Has any insurer in connection with life. Personal accident or health insurance, ever deferred, refund, terminated or have special terms imposed?  Yes  No

If yes, please provide details: .....

4. Were there any claims made in the past 3 years?  Yes  No

If yes, please provide details below:

Name of Insurer	Claim No.	Date of Loss	Description of Loss, Type and Extent of Injury	Amount Claimed

**DECLARATION**

I/We declare that the statements and particulars on this Proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature .....

**No liability is undertaken until this Proposal has been accepted by the Company except to the extent of any Official Cover Note issued by the Company.**