



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

PASSENGER FLIGHT INSURANCE

The New India Assurance Co. Ltd., (hereinafter called the Company) having received the premium mentioned in the Schedule hereto hereby undertakes SUBJECT TO THE CONDITIONS ENDORSED HEREON to pay to the Insured named in the Schedule hereto or to his legal personal representative the sums mentioned herein, namely :-

If the Insured whilst in or entering into or descending from any aircraft owned and/or operated by a regular airline over a scheduled route by which the Insured is travelling as a passenger during the flight specified in the Schedule hereto sustains any bodily injury caused by violent accidental external and visible means and not directly or indirectly occasioned or contributed to by War, Invasion, Act of Foreign enemy, Hostilities (Whether war be declared or not) Civil War, Mutiny, Rebellion, Revolution, Insurrection, Military or Usurped Power then :

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| Clause (1) | Should such injury, within twelve calendar months from the occurrence thereof, solely and directly :
(a) Cause the death of the Insured, or
(b) Cause or necessarily result in the loss by physical separation of the whole of
(i) both hands or feet
(ii) one hand and one foot, or
(iii) one hand or foot and the complete and irrecoverable loss of sight in one eye or
(c) cause or necessarily result in the complete and irrecoverable loss of sight in both eyes. | The Capital Sum Insured |
| Clause (2) | Should such injury, within twelve calendar months from the occurrence thereof, solely and directly cause or necessarily result in :
(a) the loss by physical separation of the whole of one hand or one foot or
(b) the complete and irrecoverable loss of sight in one eye. | 50% of the Capital Sum Insured |
| Clause (3) | Should such injury, solely directly and totally disable and prevent the Insured from attending to his business or occupation for the period of such total disablement with a maximum of 100 weeks from the date of the accident at the rate of: | 1% of the capital sum insured per week Max. weekly benefit not to Exceed Rs.3000/- |

CONDITIONS

- 1) Either of the Capital sums mentioned in Clauses (1) and (2) shall be payable only on delivery of this coupon cancelled and discharged and the Insured shall not be entitled to claim under more than one of the Clauses (1), (2), or (3) in respect of same injury. No weekly compensation shall become payable until the total amount shall have been ascertained and agreed.
- 2) No compensation under this Insurance shall be payable in respect of death or disablement.
 - (a) If the insured is under the influence of intoxicants or suffering from lunacy or insanity.
 - (b) If due to disobedience to the instructions of the aircraft crew aircraft owners or operators or the agents or servants.
- 3) Written Notice of any accident shall be given to the Company as soon as possible but in any event within one calendar month of the injury in respect of which the claim is to be made.
- 4) If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitraion as hereinbefore provided if the Company has disputed or not accepted liability under or in respect of this Policy.

"It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrators or umpire of the amount of the loss or damage shall be first obtained."

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within twelve calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

- 5) The due observance and the fulfillment of these conditions so far as the nature of them respectively will permit and which conditions are to be read as part of this Insurance, shall be a condition precedent to any liability of the Company under this Insurance.
- 6) Accidental death of the Insured shall not be presumed by reason of his disappearance.

SCHEDULE

Name of Insured

Age :

Address :

Name of the Assignee:

Age

Relationship

Flight - From

To :

Air Transport Company

Date of Flight :

Capital Sum

Premium :

Date

Insured :

of Issue :

/ /20

Rs.

Rs.

/ /20

Signature of Insured

For The New India Assurance Co.Ltd.

Duly constituted Attorney(s)

NOTE : Issuing Agents are strictly prohibited from making alterations or corrections in respect of sum insured and premium.

This Policy shall not be valid until the original and 2 copies have been signed in ink or indelible pencil by the Insured and authorised official or Agent of the Company.

THIS INSURANCE IS NOT VALID FOR MORE THAN *one journey* IN RESPECT OF ANY ONE INSURED

ASSIGNMENT

I _____ do hereby assign the moneys payable by The New India Assurance Co.Ltd., in the event of my death to MR/MS. _____ (name) my, _____ (relation to the insured) and I further declare that in the event of death of the Assignee named herein all benefits shall become payable to the children named in the policy and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Dated this _____ day of _____ 20 _____ at _____.

Witness :

Name & Address:

Signature of the Insured

N.B. Insurance is the subject matter of solicitation.