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|  | **THE NEW INDIA ASSURANCE COMPANY LIMITED**Regd. & Head Office :- 87, Mahatma Gandhi Road, Fort, MUMBAI - 400 001. |  |

**PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE POLICY WITH MEDICAL EXPENSES ARISING OUT OF ROAD ACCIDENT**

**( RASTA APATTI KAVACH )**

This proposal form is intended for Individuals and also for small group of members less than 51 insuring along with the Insured.

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| 1. | Name of the Insured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Full Postal address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Pin Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4) Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Occupation :\_\_\_\_\_\_\_\_\_\_\_\_6) Annual Income Rs.\_\_\_\_\_\_\_\_\_\_ |
| 7. | Do you suffer from any disease and/or disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please give Complete details) |
| 8. | Are you aware of any disease, and/or disability for the members propose to be insured along with you.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If Yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ If space is insufficient then furnish in a separate paper] |
| 9. | Name of the Assignee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with Age, Relationship, address.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ Furnish separately for other members covered ] |
| 10. | Witness to Assignee (1)\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (Name & Address) 1)\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Attach separate sheet for co-insured] |
| 11. | Details of Coverage**Section I (Personal Accident)**No. of persons covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sum Insured required per person Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12. | **Section II**Hospital expenses for bodily injury caused by or arising out of road accident.No. of persons covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sum insured opted for each person Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 13. | Do you own any vehicle Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes give details etc of vehicle - Regd No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14. | Do you drive any vehicle - Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_If yes give details etc of vehicles Regd No \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15. | Do you employ Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_if yes give his name, address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age, License details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 16. | A) Do you carry any unnamed passengers in your vehicle Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | B) How many un-named passengers can be carried [As per RTO Certificate]\_\_\_\_\_\_\_\_\_\_\_ |
|  | C) Total un-named passengers to be covered\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. Sum Insured required for each un-named passengers

 Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 1. Do you propose to cover under Section II, any third parties:

 If yes what is the proposed number \_\_\_\_\_\_\_\_\_\_\_ |
|  | F) Sum Insured opted for each third party in the event of a claim Rs. \_\_\_\_\_\_\_ |
| 17. | **Section II**Individuals employed/attached to industries can be extended to cover Section I & Section II, benefit while they are on duty.A) Do you opt for this extension Yes/No\_\_\_\_\_\_\_\_\_\_B) Number of persons covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 18. | Are you covered under anysimilar personal accident policy Yes/No \_\_\_\_\_\_\_\_\_\_\_\_Period of Cover From\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_If yes what is the Sum Insured Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Insurer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 19. | Are you covered under any similarHospitalisation (Mediclaim) policy Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Insurer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes give details of Sum Insured Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Period of cover : From\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I ...............................................do hereby assign the moneys payable in the event of my death arising out of accident by The New India Assurance Co. Ltd. .to Mr. / Ms. my.............................. (relation to the Insured) and I further declare that his/her receipt shall be sufficient discharge to the Company.

Dated this......................... day of ........................20 ,at .................

**WITNESS :**SIGNATURE

1. NAME & ADDRESS : PROPOSER’S SIGINATURE

1.The liability of the company does not commence until the proposal has been accepted by

theCompany and full premium paid.

 2. If space is found insufficient, please attach separate sheets for details.

 3. Insurance is the subject matter of solicitation.

**PROHIBITION OF REBATE --Section 41 of the Insurance Act 1938**

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

## FOR OFFICE USE -

## *MARKETING / DEVELOPMENT OFFICER'S REPORT*

The Proposer is known to me/my agent / Broker for\_\_\_years and I recommend acceptance of this proposal.

 Name and Code No. Signature of Dev. Officer / A/AO-D

ACCEPTED BY DATE & TIME RATE REMARKS

CODES - OFFICE /DEV. OFFICER / AGENT /BROKER-

COLLECTION / SCROLL NO POLICY NO.

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