



UNITED INDIA INSURANCE CO. LTD.

REGD. OFFICE : 24, WHITES ROAD, CHENNAI-600014

Divisional office 19, Savitri Chambers II,
D-13, Prashant Vihar, Rohini, Delhi-110085
27562655, 27562584, Fax 27562688

AGENCY : Rakesh Sharma (912)

PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

- 1 Name in full (Block Letters)

- 2 Residential Address

- 3 Address for Correspondence

4. a) Profession
 - b) Are you engaged in administrative, Secretarial, Managerial
 - c) Does your occupation require you to engage manual labour?
 - d) What is your average monthly income
 - i) From employment
 - ii) Other sources

5. Date of Birth

6. Have you suffered or do you suffer from
 - a) Any physical defects
 - b) Gout, Arthritis, Diabetes, Paralysis Or any other disease
 - c) Any other disability

7. Do you take part in any athletics or sports?

- 8 a)Have you ever proposed for Accidental and /or
 - b) If so, give name of each company and amount of
 - c) Has any company
 - (1) Declined to issue a policy to you?
 - (2) Declined to continue your insurance?
 - (3) Not invited the renewal of policy?
 - (4) Imposed any restriction or special conditions?

If so, give name and address of each company in this respect.

9. Have you ever claimed or received compensation under any

10. Please indicate

- (a) Capital Sum Insured
- (b) Table of Cover
- (c) Period of Insurance

Rs.
TABLE
From to

11. Do you wish to obtain cover against additional risks mentioned

I declare that the above answers are true to the best of my knowledge and belief. That I have disclosed all particulars affecting assessment of risk. I agree that proposal and declaration shall be the basis of contract between me and company.

Date _____
Place _____

Signature of Proposer/Insured

Ido hereby assign the moneys payable in the event of my death by UNITED INDIA INSURANCE CO LTD to(relation to the insured) and further declare that his receipt shall be sufficient discharge to the company.

Signature of Insured