

**PROPOSAL FORM  
INDIVIDUAL PERSONAL ACCIDENT INSURANCE**

**Please submit separate forms for each individual.**

**The proposal in case of dependant children may please be filled in by the Proposer.**

(The person(s) proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Intermediary's Name	
2) Intermediary's Code	
3) Name of the Insured (Policy to be issued in favor of)	
4) Address of the Insured	
5) Phone Number	
6) Email id	
7) Bank Account No. [Optional if desired by the proposer]	
8) a) Profession; Occupation, Trade or Business (Please describe in detail with nature of duties) b) Are you primarily engaged in Administrative function? c) Does your occupation requires you to engage in manual labour? d) Do you engage in: i) Racing on wheels or Horseback ii) Big game hunting iii) Mountaineering iv) Winter sports, skiing or ice hockey v) Ballooning or polo or Sports of similar nature vi) Any other adventurous sports  e) What is your average monthly income from i) Gainful Employment ii) Other sources iii) Total	a)  b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No d) i) <input type="checkbox"/> Yes <input type="checkbox"/> No ii) <input type="checkbox"/> Yes <input type="checkbox"/> No iii) <input type="checkbox"/> Yes <input type="checkbox"/> No iv) <input type="checkbox"/> Yes <input type="checkbox"/> No v) <input type="checkbox"/> Yes <input type="checkbox"/> No vi) <input type="checkbox"/> Yes <input type="checkbox"/> No  e) i) Rs..... ii) Rs..... iii) Rs.....
9) Date of Birth (dd/mm/yyyy)	
10) Height (in cms)	
11) Weight (in kgs)	
12) Have you suffered or do you suffer from: (Full particulars must be given in case the answer is 'Yes' to any of the following queries) a) Any physical defect or infirmity b) Gout or Arthritis or Diabetes, Paralysis. c) Fits or any kind or any other chronic disease. d) Any other disability	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No d) <input type="checkbox"/> Yes <input type="checkbox"/> No

13) Is this proposal for insurance in addition to: a) Any other Accident Policy?[Including if covered under any Group Personal Accident Policy/Credit card schemes]. If yes, give the name of each Insurer and the amount of Insurance. b) Any other Employee Scheme? If yes, give the name of each Insurer and the amount of Insurance.	a) <input type="checkbox"/> Yes <input type="checkbox"/> No  b) <input type="checkbox"/> Yes <input type="checkbox"/> No
14) Has any Insurer a) Declined to issue a policy to you? b) Declined to continue your Insurance? c) Not invited the renewal of your Policy? d) Imposed any restriction or special conditions? If yes, please furnish the details.	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No d) <input type="checkbox"/> Yes <input type="checkbox"/> No
15) Have you ever claimed/received compensation under any Accident Policy? If yes, please furnish the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Details of coverage opted by you: a) Nature of Policy Proposed	Sum Insured
Death	<input type="checkbox"/> Yes <input type="checkbox"/> No      Rs.
Permanent Total Disablement	<input type="checkbox"/> Yes <input type="checkbox"/> No      Rs.
Permanent Partial Disablement	
Temporary Total Disablement	<input type="checkbox"/> Yes <input type="checkbox"/> No      Rs.
b) Do you like to avail additional cover against Medical Expenses? (Applicable only if you opt for all the 4 covers mentioned above) c) Do you like to avail Hospital Confinement Allowance Extension? (Applicable only if you opt for all the 4 covers mentioned above)	b) <input type="checkbox"/> Yes <input type="checkbox"/> No  c) <input type="checkbox"/> Yes <input type="checkbox"/> No
17) Period of Insurance	From..... To.....
18) Do you wish to cover your family members (spouse, children and dependent parents only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answer to item 18 is "yes" please furnish the following details and use separate proposal form for each adult person to be insured.

Name of family member	Relationship with Insured & Age	Profession or occupation	Annual Income	Type of cover & Sum Insured				Additional Extension	
				Death	PTD	TTD	Weekly Benefit	Medical Expenses	Hospital confinement Allowance
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



**RAHEJA QBE GENERAL INSURANCE CO. LTD.**

**Note:** Separate "Nomination" details in the format given below have to be provided in respect of each adult member to be insured.

**Declaration:**

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and Raheja QBE General Insurance Co. Ltd.

I/We also declare that any changes in the nature of profession or any such material changes after the submission of this proposal form would be conveyed to you immediately.

**Place**

**Date**

**Signature of Proposer**

**NOMINATION:**

I/We,.....DO HEREBY NOMINATE Mr./ Mrs. / Ms.....  
(Name & Relationship to the Insured) to receive THE MONIES PAYABLE BY Raheja QBE General Insurance Co. Ltd, in the event of my death and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Dated this.....day of.....2000.....at.....

**WITNESS:**

- 1. Name & Address:
- 2. Name & Address:

**Signature/s**

**Signature of the Proposer**

**SECTION 41 OF INSURANCE ACT, 1938  
PROHIBITION OF REBATES**

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 whole or 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 rebate 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.