

Group Personal Accident Policy**Proposal Form**

Agency Code:

IMPORTANT

- a) The company will not be on risk until the Proposal and Insured Personnel details have been accepted by the Company and the full premium is paid.
- b) The details of each employee and dependents to be covered to be declared by the proposer as per the format attached.

PROPOSER DETAILS

- 1. Name of the Proposer:
- 2. Address & Telephone No.
- 3. Total number of persons to be covered:
(Please attach the list of persons to be covered as per the format attached)
- 4. Policy period: From..... To.....

Place:

Date:

Signature of the Proposer

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

- (1) 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 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 prospectus or tables of the insurer.
- (2) Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to five hundred rupees.

DETAILS OF INSURED PERSONS

Employee details	Name	Designation	Date of Birth	Sex	Sum Insured	Pre-existing disease/Injury/Disability	Nominee
Employee details	Name	Designation	Date of Birth	Sex	Sum Insured	Pre-existing disease/Injury/Disability	Nominee
Employee details	Name	Designation	Date of Birth	Sex	Sum Insured	Pre-existing disease/Injury/Disability	Nominee
Employee details	Name	Relationship with Employee	Date of Birth	Sex	Sum Insured	Pre-existing disease/injury/Disability	Nominee

Declaration by Employee

The above statements are true to the best of our knowledge and we understand that the above information forms the basis for the insurance contract between the Company and us.

Place:

Date:

**Signature of the Employee / Member
For himself / herself and/or on behalf
Of other family members to be covered.**

**EMPLOYEE/ MEMBER NAME
LIST SR. NO. / EMP. NO. / ID NO
SUM INSURED Rs
PREMIUM Rs.**