

**PERSONAL ACCIDENT INSURANCE PROPOSAL FORM****Intermediary details**

Branch Code **Employee Code** **Intermediary Code**

PROPOSER'S DETAILS (to be filled in block capital)

1. a) Name of the Proposer _____

b) Gender: Male _____ / Female _____ c) Date of Birth (dd/mm/yyyy) _____

2. a) Address for Communication: _____

City: _____ State: _____ Pin Code: _____

Phone No: _____ Mobile: _____ email id: _____

b) Address of Residence: _____

City: _____ State: _____ Pin Code: _____

Phone No: _____ Mobile: _____ email id: _____

3. Business/Profession of the Insured (in detail): _____

4. Period of Insurance (dd/mm/yyyy): From _____ To _____

Details of persons to be insured – Personal Accident (Individual / Family)

Name	Relation with Proposer	Date of Birth (dd/mm/yyyy)	Sex	Profession/ Occupation	Monthly Income (Rs.)	Sum Insured (Rs.)	Existing physical disability or infirmity, if any

Details of persons to be insured – Group Personal Accident

5. Profession, Trade, Business or Occupation of the proposer: _____

6. Please describe fully with nature of duties: _____

7. (a) Please attach a separate *list of employees/members (In case of Named - GPA) you wish to cover in the following format:

Name	Date of Birth (dd/mm/yyyy)	Identification No.	Nature of the duty performed/ Occupation	Monthly Income	Sum Insured	Existing physical disability or infirmity, if any

*If space is not sufficient please give detail of employees in same format in separate sheet.

(b) Please attach details of *group of employees (In case of Unnamed - GPA) you wish to cover, in the following format:

Number of person in a group	Description of Group	Nature of the duty performed/Occupation	Monthly Income (of 1 member of the group)	Sum Insured (1 person of the group)	Total sum Insured of the group	Existing physical disability or infirmity, if any

* If space is not sufficient please give detail of groups in the same format in separate sheet.

8. Please attach a separate list in the given format of the spouse and children of the employees/members if the cover is required for them: (Employer Id/ Identification no will be of the employee whose family is to be insured)

Related to employees /member name	Name	Age	Relation with employee/member	Identification no/ Employee code	Sum Insured

Past Claim history

Past Claim history for last 3 years (Personal Accident Individual/ Family & Group Personal accident):

Company Name	Period of Insurance	Policy No.	Sum Insured	Claim Amount

Payment Details

Cheque DD Cash Pay - Order Any Other (Please Specify) _____

Amount (Rs.) _____ /- Amount in Words (Rupees _____)

Bank Name _____ Cheque/DD Date _____

Declaration by Proposer

I declare that above answers are true to the best of my knowledge and belief, that I have disclosed all particulars affecting the assessment of the risk. I agree that this proposal and declaration shall be the basis of the contract between me and the company. If after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the company shall have no liability under this insurance.

Date: _____

Name: _____

Place: _____

Signature: _____

Declaration - Assignment

I, _____ do hereby assign the monies payable by **Shriram General Insurance Company Limited** in the event of my death to my _____ (relation) Mr / Ms / Mrs _____ (Name) and I further declare that his / her receipt shall be a full and effective discharge of the claim by the Company.

Date: _____

Name: _____

Place: _____

Signature: _____

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 prospectuses or tables of the Insurer.
2. Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

For Office Use

Customer ID _____ Proposal No _____

Policy No _____ Proposal entry By _____

Time of Commencement (Hrs.) _____

Date _____ Date of expiry of insurance _____

Accepted for underwriting

Name & signature

Shriram General insurance co. Ltd.
E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur (Rajasthan) - 302022
Ph. 0141- 3928400

