GROUP PERSONAL ACCIDENT PROPOSAL FORM

1) Name of Proposer _____

2) Address_____

3) Nature of Business _____

4) Contact Person _____Telephone No. _____Fax No. _____

5) Cell No. _____ Email. _____

6) NTN _____ STN _____ CNIC(if individual)_____

7) Period of Insurance From: _____ To: _____

8) No. of employees to be covered _____ Total amount to be insured Rs. _____

9) Details of employees to be covered:-

Name	Designation/ Occupation	CNIC No.	Work Place Location	Amount (Rs)

10) Coverage required: ☐ Scheme-I ☐ Scheme-II

Scheme-I
- Accidental Death only

Scheme-II
- Accidental Death &
- Permanent Disablement (as per standard scale of benefits)

11) Have you previously been insuring your employees? ☐yes ☐no

If yes, (a) State the name of insurer _____

(b) Reasons for leaving the previous insurers?
☐Policy Cancelled ☐Renewal Refused ☐Claim Declined

12) Please provide details of losses, if suffered on account of accident of any employee during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

13) Please also specify, if possible the places at which the accidents had occurred _____

_____

_____

Declaration
I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the insurance.

_____ _____
Date Signature of the Proposer