



United India Insurance Company Limited

Registered & Head Office: New India Assurance, 25, Whites Road, Chennai . 600 001.

Declaration Form for Aviation Personal Accident Policy For Crew Members

(To be completed by each person to be insured and to form part of the Aviation Personal Accident Proposal Form)

1. Name :
2. Age till last birthday :
3. What is the exact nature of your duties :
4. If you are pilot or navigator or flight engineer state
 - a. Number and type of license :
 - b. Date of license :
 - c. By whom granted :
 - d. Date of expiry of license :
 - e. Type/s of aircraft in respect of which the license is granted :
 - f. Date of last medical examination for the license :
5. Has your license been suspended or withdrawn or have you ever been charged with any offence under the air navigation regulations? :
If so, give details :
6. Give details of your flying experience : Aircraft Total No. of Hours Flown
7. Have you been involved in any aviation accident during the last 5 years? :
If so, give details of each accident :
8. Have you made any claim during the last 5 years under an Aviation Personal Accident Policy :
If so, give details of each claim :
9. Has any insurance company at any time,
 - a. Declined your proposal for aviation P.A. Policy or Life Insurance :
 - b. Required an increased premium or imposed special conditions? :
 - c. Cancelled or refused to renew your insurance? :
If answer to a, b or c is "yes", Please give details :
10. What are the types of aircraft you contemplate flying? :

I, the undersigned, hereby declare that all the above particulars are true and complete in every respect, that I am in good health and free from physical infirmity or defect of any kind, that I

am and always have been of temperate habits, and that I have not withheld or suppressed any information regarding the proposal.

Place:

Date: **(Signature of the person to be insured)**

Agency

Policy No.

Proposal Form for Aviation Personal Accident Policy

(For pilots, navigators, aircraft flight engineers, aircraft flight technicians & other crew members)

1. Proposer's Name in full :
2. Proposer's Address :
3. Proposer's business or occupation :
4. Persons to be insured
(A declaration form in the prescribed format should be completed by each person to be insured and attached to this proposal)

SL. No.	Name	Age last Birthday (In years)	Designation/ Occupation	Capital Sum Insured (Rs.)	Table of Benefits
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5. Period of Insurance From :
To :
 6. Nature of flying to be done :
 7. Geographical limits to which flying will be confined :
 8. Has any of the persons to be insured, to your knowledge, any physical defect or infirmity of any kind? :
 9. Has any insurance company at any time,
 - a. Declined your proposal? :
 - b. Required an increased premium or imposed special conditions? :
 - c. Cancelled or refused to renew your insurance? :

10. Has any aircraft owned or operated by you ever met with an accident involving injuries to passengers and/or crew members? :

11. Is the insurance to apply on 24 hours basis, or to apply to flying risks only? :

12. The proposer may, at his option complete this column.
If the proposer is also the insured person, this column should be completed.

I, _____ do hereby assigns the monies payable by The New India Assurance Company Limited in the event of insured person's death to _____ (relationship to the insured) and I declare that his/her receipt shall be sufficient discharge to the company.

(Signature of the Insured)

Witness Signature of the witness:

Name of the witness :

Address of the witness :

I/We hereby declare that the above statements are true and complete. I/We agree that this proposal and declaration form (signed by the person/persons) to be insured) shall be the basis of the contract between me/us and the insurance company. I/We further agree to accept a policy subject to the conditions stipulated therein by the insurance company.

Place:

Date:

(Signature of the Proposer)