



**UNITED INDIA INSURANCE CO. LTD**  
**(Regd H.O. : No.24, Whites Road, Chennai – 600 014.)**

BRANCH / DIVISIONAL OFFICE í í í í í í í í í í í

**PROPOSAL FORM FOR INDIVIDUAL PERSONAL ACCIDENT INSURANCE**

1. (a) Name of the Proposer  
(b) Name of the insured person  
(c) Relation between the proposer and the Insured person
2. Residential Address / Permanent Address :
3. Address for Correspondence :
4. (a) Profession : Occupation, Trade or Business (Please describe fully with nature of duties)  
(b) Are you primarily engaged in Administrative, Secretarial or Managerial function?  
(c) Does your occupation requires you to Engage in manual labour?  
(d) Do you engage in
  - i. Racing of wheels or Horseback
  - ii. Big game hunting
  - iii. Mountaineering
  - iv. Winter sports, skiing or ice hockey
  - v. Ballooning or polo sports of Similar Nature  
(e) What is your average monthly income from
  - i) Gainful Employment I) Rs. \_\_\_\_\_
  - ii) Other Resources ii) Rs. \_\_\_\_\_Total Rs. \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Meters, Weight \_\_\_\_\_ kgs
6. 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 fits or any kind or any Other chronic disease
  - (c) any other disability
7. Have you ever proposed for Accident and / or Life Insurance
  - (a) If so, give name of each company and amount of insurance
  - (b) Has any company
    - (i) declined to issue a policy to you?
    - (ii) Declined to continue your insurance

- (iii) Not invited the renewal of your policy?
- (iv) Imposed any restriction or special conditions?

If so, give names and address of each company in respect of I,ii,iii and iv above.

- (d) Is this insurance to be additional to any other Accident Policy or employee scheme: If so give particulars
  - I) Name of Co. \_\_\_\_\_
  - ii) Sum Insured. \_\_\_\_\_
  - iii) Policy No. \_\_\_\_\_
- 8. Have you ever claimed / received compensation under any Accident Policy?  
If so, give full particulars, name of insurer, amount and dates
- 9. Please indicate Premium
  - (a) Capital Sum Insured (a) Rs. \_\_\_\_\_
  - (b) Table of Cover (b) Benefit (1) to \_\_\_\_\_ i.e. Table \_\_\_\_\_
  - (c) Period of Insurance (c) From \_\_\_\_\_ To \_\_\_\_\_
- 10. Do you wish to obtain cover against additional Risks mentioned under extension cover?  
If yes, specify which

11. FAMILY PACKAGE COVER :  
A. INSURED PERSONS :

(Members of the family to be covered other than Insured)	Age	Profession/ Occupation	Annual Income	CSI	Table of Benefits
1. Name of Spouse					
2. Name of Children					
1.					
2.					
3.					
B. Medical Expenses (due to accident) to be covered					
					Yes/No

I declare that the above answers are true to the best of my knowledge and belief, that I have disclosed all particulars affecting assessment of the risk. I agree that this proposal and declaration shall be the basis of the contract between me and this company.

Place :

Proposer's Signature

Date :

Signature of the person to be insured

**ASSIGNMENT:**

I \_\_\_\_\_ do hereby assign the monies payable by the United India Insurance Co. Ltd. In the event of my death to \_\_\_\_\_ (Name & Relationship to the Insured) and I further declare that his / her / their receipt shall be sufficient discharge to the company.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 200 at \_\_\_\_\_ .

**WITNESS:**

- 1. Name & Address:

Signature/s

Signature of the policy holder

**PROHIBITION OF REBATES**

The following is the copy of section 41 of the Insurance Act, 1938.

- 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 or risk relating to lives or property in India any rebate of the whole or part of commission payable or any rebate or the premium- shown on the policy not shall any person taking out or renewing continuing a policy except any 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 provisions of this section shall be punishable with fine which may extend to five hundred rupees.

**TABLE OF BENEFITS UNDER SECTION NO VIII - PERSONAL ACCIDENT**

**Table I**

Benefit No.	Description
1.	Death Only í í í í í í í í í í í í í í í í ..100% of CSI

**Table II**

Benefit No.	Description
1.	Death Only í í í í í í í í í í í í í í í í ..100% of CSI
2.	Loss of two limbs, two eyes, or one limb and one eyeí í í 100% of CSI
3.	Loss of one limb and one eyeí í í í í í í í í í í í 30% of CSI
4.	Permanent Total Disablement from injuries other than named above (P.T.D)í í í í í í í í í í í í í í í í 100% of CSI

**Table III**

Benefit No.	Description
1.	Death Onlyí í í í í í í í í í í í í í í í í ..100% of CSI
2.	Loss of two limbs, two eyes, or one limb and one eyeí í í 100% of CSI
3.	Loss of one limb and one eyeí í í í í í í í í í í í 30% of CSI
4.	Permanent Total Disablement from injuries other than named above (P.T.D)í í í í í í í í í í í í í í í í 100% of CSI
5.	Permanent Partial Disablement í í í % age as per schedule of the Policy

**Table IV**

Benefit No.	Description
1.	Death Onlyí í í í í í í í í í í í í í í í í ..100% of CSI
2.	Loss of two limbs, two eyes, or one limb and one eyeí í í 100% of CSI
3.	Loss of one limb and one eyeí í í í í í í í í í í í 30% of CSI
4.	Permanent Total Disablement from injuries other than named above (P.T.D)í í í í í í í í í í í í í í í í 100% of CSI
5.	Permanent Partial Disablement í í í % age as per schedule of the Policy
6.	Temporary total Disablement (T.T.D) @ 1% of CSI upto í í í í í í 100 weeks (maximum weekly) benefit not exceeding Rs.5,000/- or 25% of the monthly salary whichever is lower

	<b>Risk Gr. I</b>	<b>Risk Gr. II</b>	<b>Risk Gr. III</b>
Table-I-Benefit No. 1	0.45	0.60	0.90
Table-II-Benefit No. 1 to 4	0.65	0.90	1.30
Table-III-Benefit No. 1 to 5	0.95	1.25	1.75

Table-IV-Benefit No. 1 to 6

1.50

2.00

3.00

**Risk Group I :** Accountants, Doctors, Lawyers, Architects, Consulting Engineers, teachers, Bankers, Persons engaged in Administrative functions, persons primarily engaged in occupations of similar hazard.

**Risk Group II :** Builders, Contractors and Engineers engaged in superintending functions only. Veterinary Doctors, Paid drivers of motor cars and light motor vehicles and persons engaged in occupations of similar hazard and not engaged in manual labour. All persons engaged in Manual Labour(except those failing under Group III) Crash Carrying employees, Garage and Motor Mechanics, Machine Operators, Drivers of truck Or Lorries and other Heavy vehicles, Professional athletes and Sportsmen, Woodworking machinists and persons engaged in Occupations of similar hazard.

**Risk Group III :** Persons working in underground mines, explosives, magazines, workers involved in Electrical installation with high tension supply, Hockeys Circus personnel, persons Engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, winter sports, sking, ice hockey, bolloning, hand gliding, rive rafting, Polo and persons engaged in occupations/activities of similar hazard.

**Notes :**

1. Limit of age 12-70 years
2. The aforesaid limits should be apply cumulatively in the event of there being more that one policy on the life of the insured by any one or more of the subsidiaries of the GIC.
3. The proposer may choose any of the above table.
4. The cover is worldwide

**ADDITIONAL COVERS:**

1. Medical expenses (arising out of an accident), upto 10% of the capital sum insured or 50% of the admissible claim whichever is lower, at additional premium @ 20%

**EXCLUSIONS:**

**Pregnancy Clause :** The insurance under this policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or pregnancy or in consequence thereof.