



United India Insurance Company Limited

Head Office: 25, Whites Road, Chennai – 600 001

JANATA PERSONAL ACCIDENT POLICY

PROPOSAL FORM

1. Name of Proposer Mr/Mrs: _____
2. Full Address: _____

3. Age: _____ 4. Date of Birth: _____
4. Occupation: _____ 6. Annual Income: Rs. _____
7. If there is any disability Please specify: _____
8. Name of nominee: _____
9. His/Her Age: _____
10. Relation with Insured: _____
11. His/Her full address: _____

12. Witness to Nomination: _____
 - a) Name: 1) _____ 2) _____
 - b) Address: 1) _____ 2) _____
13. Capital Sum Insured: Rs. _____
14. Policy Period (1 year to 5 years) _____
15. Period of Insurance: From _____ to _____

Date: _____

Place: _____

Proposer's Signature