



INDIVIDUAL PERSONAL ACCIDENT INSURANCE (MICRO INSURANCE) PROPOSAL FORM
UIN: IFFPMIP23039V012223

1. Named of the Proposer:.....
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 function. Yes/No
- (c) Does your occupation requires you to engage in manual labour. Yes/No
- (d) Do you engage in Game name the game
 - i) Racing on wheels or Horseback
 - ii) Big game hunting
 - iii) Mountaineering
 - iv) Winter sports, skiing or ice hockey
 - v) Ballooning or polo or Sports of similar nature
- (e) What is your average monthly income from

i)	Gainful Employment	Rs.....
ii)	Other sources	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 Yes/No
 - b) Gout or Arthritis or Diabetes, Paralysis. Yes/No
 - c) Fits or any kind or any other chronic disease. Yes/No
 - d) Any other disability Yes/No
7. (a) Have you ever proposed for Accident Life Insurance
- (b) If so, giver name of each Company and Amount of Insurance.
- (c) 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) and iv) above.

- (d) Is this insurance to be additional to any other Accident Policy or Employee Scheme: If so give Particulars of all other policies.
- 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

- a) Capital Sum Insured Rs.....
- b) Table of cover Table A – Benefit 1 Benefit(1) to i.e. Table B1-Benefit 1 to 4 Table "A", "B1", "B" OR "C" Table B-Benefit 1 to 5 Table C-Benefit 1 to 6
- c) Period of Insurance From.....To..... (both days inclusive)

10. Do you wish to obtain cover against additional Risks mentioned under extension cover. If yes,

Specify which Option 1 Option 2 Option 3 Option 4

- 1, Medical Extension
2. Cost of Travel for any Relaion,friend,colleague
3. Cost of Travel for Insured Person following Accident.
4. Cost of supporting items

11. FAMILY PACKAGE COVER

Name of family members	Relationship with Insured & Age	Profession or occupation	Annual Income	Table & Capital Sum Insured		Extension	
				Table A, B1, B, C	CSI	Medical Cost of Travel	Cost of Supporting Items
	Relation Age						

In case any member is suffering from any disability or decease, kindly give full details.....

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 con tract between me and this Company.



Place:

Proposer's Signature

Date:

ASSIGNMENT:

I,.....DO HEREBY ASSIGN THE MONIES PAYABLE BY THE IFFCO-TOKIO General Insurance Co.Ltd., in the event of my death to Shri / Smt / Kum..... (Name & Relationship to the Insured) and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

B. Dated this.....day of.....2000.....at.....

WITNESS: 1.Name & Address:

Signature/s

Signature of the Policy holder

C. 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 nor 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 ten lakh rupees.

THE PROPOSAL FORM WILL ALSO INCLUDE SALIENT FEATURES OF THE SCHEME BEING OFFERRED