



The New India Assurance Company Limited

P.O.Box 2907, Ruwi, PC 112

Sultanate of Oman

Proposal Form For Individual Person Accident Insurance

1(a) Name of Proposer

(b) Name of Insured Person

(c) Relation between Proposer and Insured person

2 Resident 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 Administration, secretarial, or management functions?

(c) Does your occupation require you to engage in manual labour?

(d) What is your average monthly income form

(I) Gain Employment

(II) Other Sources

5 (a) Date of Birth.....(b) Height.....Meters.....(c) Weight

6. Have you suffered or do you suffer from:-

(full particulars must be given in case the answer in 'Yes' Yes No

(a) Any physical defect of infirmity

(b) Gout, Arthritis or diabetes. Paralysis, Fits any kind or any other chronic disease?

(c) Any other disability

7. Do you take part in any athletics or sports?
If so indicate details thereof.

8.

(a) Have you ever proposed for Accident, and/or Sickness and/or Life Insurance?
YES/NO

(b) If so give name of each Company and amount of Insurance
YES/NO

(c) Has any Company

- | | | |
|-------|---|--------|
| (I) | declined to issue a policy to you? | YES/NO |
| (II) | Declined to continue your insurance? | YES/NO |
| (III) | Not invited the renewal of your policy? | YES/NO |

(IV) Imposed any restriction or Special Condition
If so, give names and address of each company in
respect of (I), (II), (III) and (IV) above and give particulars

(d) Is this Insurance to be additional to any other Accident or Sickness Policy or
Employees scheme, if so, give particulars of all other policies.

Name of Co.....
Sum Insured.....
Policy No.....

9 Have you ever claimed or received compensation under any Accident or Sickness
Policy or Employee Scheme; if so, give particulars of all other policies.

10. Please indicate;

- | | |
|-------------------------|----------------------------------|
| (a) Capital Sum Insured | (a) (in words)..... |
| (b) Table of Cover | (b) Benefit (I) to ie Table..... |
| (c) Period of Insurance | (c) From..... |

11. Do you engage in:-

- (I) Racing on wheels of horse back
- (II) Big game hunting
- (III) Mountaineering
- (IV) Winter Sports, Skiing or ice hockey
- (V) Ballooning or Polo or Sports of similar nature

12 Do you wish to obtain cover against additional risks mentioned under extension covers?

13. Where Family Package cover required?

(a) If so, state the names of persons to be covered.

Name	Age	Profession	Annual Income	Capital Sum Insured	Cumulative Bonus	Table of Benefit	Premium
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Medical Expenses	Yes	Total _____
(due to accident cover)	No	+Medical Exp.
		Grand Total:
		Less Discount
		Net Premium

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

Date Proposer's Signature.....

Place..... Signature of the person to be insure.....

ASSIGNMENT (If desired)

Note: If Policy benefits to be assigned, please complete following

DECLARATION FOR ASSIGNMENT

Ido hereby assign the money payable by the New India Assurance Company Limited in the event of my death to my (mention, relationship shall be sufficient discharge to the discharge to the Company.

Signature

At:.....

Dated:

Witness

Signature