



# HIMALAYAN GENERAL INSURANCE CO. LTD.

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## GROUP PERSONAL ACCIDENT PROPOSAL FORM

QUESTIONS	ANSWERS
1. Proposers name in full	1.
2. Address in full	2. _____
3. Occupation	3.
4. Period of insurance	4. From ..... To .....
5. What benefits are required (see below) Tick as appropriate	5. A & B ( ) A, B, C & D ( ) E ( )% of C.S.I.
6. Do any of the employees to be insured suffer from any disabilities or infirmities. If so give full details.	6.
7. Are you now insured for Group Personal Accident?	7.
8. Has any company ever declined, cancelled, refused to renew, increased the premium or imposed special conditions for Group Personal Accident?	8.
9. Have you ever made a claim under a Group Personal Accident policy?	9.
10. Do you wish the policy to be in	ENGLISH <input type="checkbox"/> NEPALI <input type="checkbox"/> EITHER <input type="checkbox"/>
11. Please complete the schedule overleaf in respect of all employee to be covered by this insurance.	

### DECLARATION

I/we hereby declare that the above statements are true and that I/we have withheld no information which might influence the acceptance of this proposal. I/we agree that this proposal shall be the basis of the contract between me/us and the Company and deemed to be incorporated in the Policy.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### BENEFITS AVAILABLE

BASIC BENEFIT	AMOUNT PAID
A. Death	The full sum
B. Permanent Total Disablement	A sliding scale up to 100% of the sum insured as follows
Loss of both hands, both feet or any two thereof	100%
Loss of sight in both eyes	100%
Loss of one hand or foot and sight of one eye	100%
Total paralysis	100%
Loss of one arm or one hand	60%
Loss of one leg or one foot	50%
Loss of sight in one eye	50%
Loss of thumb	25%
Loss of index finger	15%
Loss of any other finger	6%
Loss of big toe	5%
Loss of any other toe	3%
Loss of hearing in both ears	50%
Loss of hearing in one ear	15%
C. Temporary Total Disablement	1.00% of the sum insured for each week of disablement.
D. Temporary Partial Disablement	0.50% of the sum insured for each week of disablement.
E. Medical Expenses	Percentage of the sum insured chosen.

