



HIMALAYAN GENERAL INSURANCE CO. LTD.

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PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

QUESTIONS	ANSWERS
1. Proposers name in full	1.
2. Address in full	2.
3. a. Occupation (describe fully) b. Are you primarily engaged in administrative, secretarial or managerial functions? c. Do you engage in manual labour? d. Do you use power driven machinery?	3. a. _____ b. _____ c. _____ d. _____
4. a. Date of birth: b. Height: c. Weight:	4. a: b: c:
5. Do you suffer from any disability or infirmity? If so give details	5.
6. Do you play or engage in any type of sport. trekking, rock climbing or any other hazardous pursuit?	6.
7. a. Are you now insured or proposing to insure against Personal Accident with another insurer? b. Has any company ever declined, cancelled, refused to renew, increased the premium or imposed special conditions for Personal Accident Insurance? c. Have you ever made a claim under a Personal Accident Policy? If yes to 7a, b or c give full details.	7. a. _____ b. _____ c. _____
8. Benefits required (see over) a. Capital Sum Insured b. What benefits do you require (Tick as appropriate)	8. a. _____ b. A only () A & B () A, B, C & D ()
9. Medical Benefits	9. E: ()% of Capital Sum Insured
10. Name of beneficiary in the event of death	10.
11. Period of Insurance	11. From..... To.....
12. Do you wish to have the policy issue in	ENGLISH <input type="checkbox"/> NEPALI <input type="checkbox"/> EITHER <input type="checkbox"/>

DECLARATION

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

Date:

Signature

PERSONAL ACCIDENT INSURANCE

Subject to the more precise terms of the Policy a Personal Accident insurance provides a fixed amount, based on the sum insured, in the event of death or disablement following an accident. You choose the benefits to suit your particular requirements.

Rates vary upon your occupation and whether or not you wish to include risks such as motor cycling, riot and strike and other more hazardous perils. A quotation will be supplied upon receipt of a completed proposal.

BENEFITS AVAILABLE

	BASIC BENEFIT	AMOUNT PAID
A.	Death	The full sum insured
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% of the sum insured not exceeding 100% of weekly salary.
D.	Temporary Partial Disablement	0.50% of the sum insured no exceeding 100% of weekly salary.
E.	Medical Expenses	Percentage of the sum insured chosen.

We also issue policies at competitive rates backed up by an excellent service for

FIRE	HOUSEHOLD	MOTOR	MONEY
FIDELITY	GLASS	ALL RISKS	GROUP ACCIDENT
MARINE CARGO	GROUP HOSPITAL INDEMNITY	PUBLIC LIABILITY	ENGINEERING
CONTRACTOR'A ALL RISK	AVIATION		

and a whole range of other contracts, why not allow us to provide you with a quotation without obligation.