



THE NEW INDIA ASSURANCE CO. (T & T) LIMITED
6 A VICTORIA AVENUE, PORT OF SPAIN, TRINIDAD AND TOBAGO, W.I

Phone no's (868) 6231326/1868 Fax no. (868) 6250670

PROPOSAL FORM FOR INDIVIDUAL PERSONAL ACCIDENT INSURANCE

| | | | |
|--|--|--|--|
| 1 | a | Name of the proposer | |
| | b | Name of the Insured person | |
| | c | Relations between proposer and the insured person | |
| 2 | | Address for correspondence | |
| 3 | | Residential address/Permanent Address | |
| 4 | | Details of insured person | |
| | a | Profession, occupation, trade or business | |
| | b | Are you primarily engaged in administrative, secretarial or managerial functions or in a shop? | |
| | c | Are you a builder, contractor, engineer engaged in superintending functions, a vet, driver of LMVs or engaged in similar occupation? | |
| | d | Does your occupation require you to engage in manual labour? | |
| | e | Do you engage in : | |
| | | Racing on wheels or horseback? | |
| | | Big game hunting? | |
| | | Mountaineering? | |
| | | Winter sports, skiing or ice hockey? | |
| 5 | | Date of Birth | |
| | | Height | |
| | | Weights | |
| 6 | | Have you ever suffered or do you suffer from : (full particulars must be given in case the answer is yes to any of the queries?) | |
| | a | Any physical defect or infirmity | |
| | b | Gout/Arthritis or Diabetes, Paralysis, Fits of any kind or any other chronic disease. | |
| | c | Any other disability | |
| 7 | a | Have you ever proposed for Accident and/or Life Insurance? | |
| | b | If so, give name of each Company and amount of insurance | |
| | c | Has any Company | |
| | | • Declined to issue a policy to you? | |
| | | • Declined to continue your insurance? | |
| • Not invited the renewal of your policy? | | | |
| • Imposed any restriction or special conditions? | | | |
| • If so, give names and address of each company in respect of above. | | | |
| d | Is this insurance to be additional to any other accident policy or employee scheme; if so give | | |

| | | | | |
|----|---|--|---------------|---------------------|
| | | particulars of that other policy | | |
| | | Name of Company | | |
| | | Sum insured | | |
| | | Policy no. | | |
| 8 | | Have you ever claimed or received compensation under any accident policy? If so, give full particulars, name of insurer, amount and dates. | | |
| 9 | | Please indicate | | |
| | a | Capital sum insured | | |
| | b | Table of cover | | |
| | c | Period of Insurance | | |
| 10 | | Do you wish to obtain cover for medical expenses? | | |
| 11 | | Do you wish to take a family package? | | |
| | | Name | Date of Birth | Occupation |
| | | | | Capital Sum Insured |
| | | | | |
| | | | | |
| | | | | |

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

Date _____ Place _____ Proposer's/Insured person Signature _____

N.B : It is agreed that in accordance with Section 48 (C) of the Insurance Act 1980, if any premium is not paid within forty-five (45) days of the effective cover, then the transaction representing such premium shall be immediately cancelled and the appropriate "Time On Risk" premium charged.

ASSIGNMENT/BENIFECIARY

I, _____ do hereby assign the moneys payable by the The New India Assurance Company (T & T) Limited in the event of my death to _____ (name) _____ (relation to the insured) and I further declare that in the event of death of the Assignee named herein all benefits shall become payable to the children named in the Policy and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Dated this _____ day of _____ 201__ at _____

Signature of the insured _____

| | |
|--------------------------|--|
| Name of the witness | |
| Address | |
| Signature of the witness | |

(Assignment is to be filled in when Insured & Insured person are same)

Agent/Marketing Officer's / Broker's Report.

The Proposal is known to us / me/my agent for _____ years and I recommend acceptance of this proposal.

Date _____ Code No. _____ Signature of the Agent/Marketing Officer / Broker