



Does your Occupation require you to engage in Manual Labour

	1		2		3		4	
	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

Do you engage in or propose to :

- | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. racing on wheels or horse back | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| b. Big game hunting | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| c. Mountaineering | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| d. Winter Sports, Skiing or Ice Hockey | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| e. Ballooning or Polo or sports of similar nature & any other activities of similar nature | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |

What is your average

Monthly Income from :

	Rs.	Rs.	Rs.	Rs.
1. Gainful Employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Other Sources	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever suffered or do you suffer from :

- | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Any physical defect or infirmity. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| b. Gout or diabetes, paralysis, fits of any kind or any other chronic disease. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| c. Any other disability | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |

(full particulars must be given in case the answer to any of the above questions are YES)

Have you ever proposed any Personal Accident Insurance ?

Y N

If yes, details of :

Name of the Insurance Company

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Period of Insurance

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sum Insured

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Has any company :

- | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Declined to issue a policy to you ? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Imposed any restrictions or special conditions. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |

If yes, details of :

Name of the Insurance Company

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever claimed or received compensation under any Accident Policy ?

Y N Y N Y N Y N

If so, give full particulars, Name of the Insurer, Amount and dates

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RISK GROUP

- Group I Persons engaged primarily in administrative functions
- Group II Persons engaged in manual work other than what is specifically provided for under group III
- Group III Persons working in explosives industry, mine and / or magazine workers,
High Tension Electric supply Horse Racing including jockeys,
Athletes and occupations of similar hazard.

RATING TABLE

COVERAGE/RISK GROUP	GROUP 1	GROUP 2	GROUP 3
Table I	0.45 per mille*	0.60 per mille	0.80 per mille
Table II	0.80 per mille	1.30 per mille	1.75 per mille
Table III	1.25 per mille	1.75 per mille	2.00 per mille

* per mille means per thousand sum insured

Medical Expenses Extension : 10% of policy premium

Family package discount : 10%