



askari general insurance company limited

4th Floor, AWT Plaza, The Mall, Rawalpindi. PAKISTAN. Ph: 9272425-7 Fax: 92-51-9272424

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE (INDIVIDUAL)

NAME IN FULL _____ : OCCUPATION _____

N.I.C NO. _____

PERMANENT ADDRESS _____

AGE NEXT BIRTHDAY _____

AMOUNT TO BE INSURED RS _____

NAME OF NOMINEE _____ : RELATIONSHIP _____

To cover:

- | | | |
|----|---|-------------------|
| 1. | Death only | Please mark |
| 2. | Death & permanent disablement | benefits required |
| 3. | Death permanent & temporary disablement | See N.B below |
| 4. | Medical expenses - Maximum any one accident Rs. | |
| 5. | Period : From _____ To _____ | |

I Herby propose to effect an insurance with **askari general insurance company limited** and I agree that this proposal and declaration shall be held to be promissory and shall from the basis of contract between me and the said Company and that I am willing to accept a policy and be bound by all the terms & conditions thereof and to the premium thereunder.

I DECLARE THAT:

- I have made a claim or received compensation for accidental bodily injury.
- I have not been declined. Offered or accepted on special terms or had a policy or increased renewal premium or cancelled for life or accident/ disability insurance.
- I am not insured or proposing to insure against these risks with any other insurer and that the total amount of compensation with other source or income during disablement will not exceed my normal income.
- I am in good health and there are no circumstances or occupation, habits, health or bodily power which might render me specially liable to accidents or disablement.
- I have never been ruptured or suffered from varicose veins, or had any disease or infection of the eye or sight or hearing in any way impaired, or over had paralysis or fits or any kind of heart disease or rheumatism or suffered from bodily infirmity or disability.

I declare that I am and always have been uniformly sober and temperate in my habits and I warrant the truth of the whole of the above statements and agree to give notice to the company of the variation in my profession or occupation, habits or pursuits and of any sickness, physical defect or infirmity by which I may be affected and or effecting other insurance (excepting coupon) against accident.

Date _____

Signature of Proposer _____

THE LIABILITY OF THE COMPANY WILL NOT COMMENCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY AND PREMIUM PAID TO THE COMPANY

BENEFITS PROVIDED AGICO PERSONAL ACCIDENT POLICY (MAXIMUM AGE 62 YEARS)

BENEFITS

- | | | | |
|----|---------------------------|--|----------------------|
| 1. | Death only | 100% of Sum insured | |
| 2. | Permanent disablement | | |
| | (i) | Permanent total loss of both eyes or of two limb | 100% of sum insured |
| | (ii) | Permanent total loss of one eye and one limb | 75 % of sum insured |
| | (iii) | Permanent total loss of one eye or one limb | 50 % of sum insured |
| | (iv) | Permanent total loss of one finger or thumb or toe | 10% of sum insured |
| 3. | (i) | Temporary total disablement @ Rs. 5/- per Rs 1000 sum insured per week | } Payable upto weeks |
| | (ii) | Temporary partial disablement @ Rs. 1.25 per Rs. 1000 sum insured per week | |
| 4. | For benefits 1 to 3 above | | |

N.B-1 Benefit 1, only is available alone, 2 together with 1, and 3 together with 1&2.
N.B-2 Minimum premium Rs. 10.00 stamp duty @ 0.25 per Rs. 2000 sum insured extra payable by insured.

CLASSIFICATION OF OCCUPATION

- Class I: Professional and administrative classes, commercial travellers, shop keepers and the like (not using tools or machinery).
Class II: Master tradesmen generally who supervise but do no manual work not incur any special hazard.
Class III: Master tradesmen (Working), shopkeepers and the like (using tools ro machinery)

HAZARDOUS OCCUPATIONS

Individual using woodworking or other dangerous machinery or engaged in heavy or extra hazardous. duties and persons over 60 years of age may be considered on application. Motorcycle/ Scooter riders carry Extra Premium

ACCIDENT! ACCIDENT!! LIFE IS FULL OF ALL KINDS OF ACCIDENTS !!!

Accidents causing death and disablement and these can happen any- where or any time while you are

at home
on road
driving
playing
traveling by land, sea or air

And can result in disastrous effects upon you and your family's financial security.



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Who can relieve you of the responsibilities and restore your peace or mind by providing protection under their Personal Accident Policy salient features of which are as follows

- Protection of twenty- four hours on or off the job.
- Death & disablements (permanent and temporary) include.
- Traveling anywhere by any means.

COST - Nominal.

EXCLUSIONS

1. Suicide, International Self- injury
2. War and allied perils including Riot and Civil commotion, Civil war, mutiny, rebellion etc.
3. Diseases of any kind including medical/ surgical treatment not resulting from accident, pregnancy or miscarriage;
4. Polo & professional football playing, steeplechasing, winter sports, mountaineering occupational use of wood- working machinery, riding and athletics, engaging in flying etc.
5. Influence of drink or drug and insanity.

PERSONAL ACCIDENT INSURANCE

PROPOSAL FORM



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