नेशनल इनशयोरेन्स
National Insurance

NATIONAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Branch Office: Parakadavil Complex, P.B. No. 70, Opp. No.1 Pvt. Bus Stand, Palace Road, Changanacherry - 686 101. Ph: 0481 - 2412124

PROPOSAL FORM

Proposer Name & Address (use CAPITAL letters)																									
	PHONE																	**PIN**							

ACCIDENT AND HEALTH CARE POLICY

SINGLE COVER (Tick Type)	A	B	C	D	E
Medi Claim	Nil	15,000	40,000	1,00,000	2,00,000
Any Accident	10,000	10,000	10,000	50,000	50,000
Road Accident	50,000	1,00,000	1,00,000	1,00,000	1,00,000
Personal Accident	1,50,000	1,00,000	1,00,000	1,00,000	2,00,000

Tick Type	F	Adult	Child	G	Adult	Child	H	Adult	Child
FAMILY COVER	Proposer	Spouse	Child	Proposer	Spouse	Child	Proposer	Spouse	Child
Medi Claim	15,000	15,000	15,000	50,000	25,000	15,000	1,00,000	50,000	25,000
Any Accident	10,000	10,000	10,000	50,000	25,000	25,000	50,000	25,000	25,000
Road Accident	50,000	25,000	25,000	1,00,000	50,000	50,000	1,00,000	50,000	50,000
Personal Accident	50,000	25,000	25,000	1,00,000	50,000	50,000	1,00,000	1,00,000	50,000

3. Details of the persons to be insured (Self/Spouse/Son/Daughter):

	Name of the Insured Person	**Age**	**Sex**	**Relationship with Proposer**
1				
2				
3				
4				

	Have you ever suffered from Diabetes/Hypertension / Heart ailments / Any Disability or any other illness? If yes, Give details.	**Nominee**	**Relationship with Insured**
1			
2			
3			
4			

I hereby delcare that the information furnished above are true and correct to the best of my knowledge and belief. I also declare that the Terms / Conditions / Exclusions etc. governing the Policy have been read and understood by me and I hereby agree to be bound by the same.

Place:

Date: Signature of Proposer

Witness to Nomination: 1 2.

Name & Signature :

Address