

We are safe



24 hour worldwide
Proposal Form For
Personal Accident
Insurance



EFU GENERAL INSURANCE LTD.

***PROPOSAL FORM FOR
PERSONAL ACCIDENT INSURANCE***

Name in Full.....

C.N.I.C. No.....

Permanent Address.....

Business or Occupation.....

Date of Birth.....

Amount to be Insured Rs.....

Cover Required.....

Period: From..... Scheme.....

Beneficiary..... To.....

C.N.I.C. No.....

Relationship.....

If additional Medical Expenses Cover.....

required, state amount Rs.....

1. Are you already insured under P.A. Policy ? Please mention amount Rs. _____
2. Have you made any claim under such policy before ? If so give details. _____
3. Have you been declined / offered or accepted on special terms or had a policy cancelled for Life or Accident Insurance? _____
4. Have you got a Life Insurance Policy ? Please mention amount Rs. _____

I DECLARE THAT:

1. I am in good health and there are no circumstances of occupation, habits, health or bodily power which might render me specially liable to accidents or disablement.
2. I have never been ruptured or suffered from varicose veins, or had any disease or affection of the eye or sight or hearing in any way impaired, or ever had paralysis or fits of any kind or heart disease or rheumatism or suffered from bodily infirmity or disability
3. I am and always have been uniformly sober and temperate in my habits and agree to give notice to the Company of any variation in my profession or occupation, habits or pursuits and of any sickness, physical defect or infirmity by which I have become affected and of the affecting of other insurances (excepting Coupon) against Accident.

I further declare that the above answers are true and that I have withheld no information affecting the proposed insurance. I agree that this declaration and the answers given above shall be the basis of the Contract between me and the EFU General and I further agree to accept a policy subject to the Conditions in and endorsed on the policy.

Dated _____

Signature of Proposer

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

ANNUAL PREMIUM RATE

Scheme Description	Premium Rate
1. Death, permanent total & partial disablement: (benefits 1 to 15)	0.20%
2. Death, permanent & temporary disablement: (benefits 1 to 17)	0.30%

MEDICAL EXPENSES:

Additional cover for treatment and medicines can be provided on payment of additional premium as per following scheme:

Expense Covered	Premium	Expense Covered	Premium
Rs. 5,000	Rs. 82	Rs. 10,000	Rs. 164
Rs. 20,000	Rs. 327	Rs. 30,000	Rs. 492
Rs. 40,000	Rs. 654	Rs. 50,000	Rs. 818

EXCEPTIONS:

- a) Bodily injury wilfully incurred
- b) Death or bodily injury due to or resulting from internal self injury, suicide or attempted suicide (whether felonious or not)
- c) Death or bodily injury due to or resulting from or happening during intoxication, insanity, fighting or unlawful act on part of the insured or surgical or medical treatment, except in case where such treatment is made necessary by the particular injury for which the claim is made
- d) Death or bodily injury sustained by the insured whilst flying other than as a fare-paying passenger in an aircraft operated by a regular airline over an established route
- e) Death or bodily injury directly or indirectly due to or resulting from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion
- f) Death or bodily injury resulting from service on duty with armed forces
- g) Football, Polo, Motorcycling, Hunting, Steeplechasing, Mountaineering (involving the use of ropes or guides), racing of any kind, winter sports & hang-gliding

AGE LIMIT: 18 TO 65 YEARS

<u>Contingencies</u>	<u>Compensation</u>
1. Death Only	100%
2. Loss of two limbs or both eyes or one limb and one eye	100.0%
3. Loss of arm above the elbow	50.0%
4. Loss of arm below the elbow	45.0%
5. Permanent total deafness (both ears)	50.0%
6. Permanent total deafness (one ear)	10.0%
7. Loss of one eye	50.0%
8. Loss of thumb	17.5%
9. Loss of index finger	12.5%
10. Loss of any other finger	5.0%
11. Loss of leg above knee	50.0%
12. Loss of leg below knee	35.0%
13. Loss of great toe	5.0%
14. Loss of any other toe	3.0%
15. Other permanent total disablement (compensation payable until suminsured reached)	5.0% ^{per annum}
16. Temporary total disablement (compensation payable upto 52 weeks)	0.6% ^{per week} max Rs. 1,800
17. Temporary partial disablement (compensation payable upto 52 weeks)	0.2% ^{per week} max Rs. 600

The total suminsured payable under the policy in respect of all accidents, occurring during any one period of insurance, shall not exceed the sum stated in the schedule.

Personal Accident Insurance

SPECIAL FEATURES

1. Double benefit in the event of death and disablement resulting from an accident to a passenger-lift, railway train, omnibus or other licensed vehicle plying for public hire by which, at the time of accident, the insured was traveling as a fare-paying passenger or when death or disablement is caused whilst within a burning building in which the insured was at the inception of the fire
2. Financial cover will be given on death due to murder, drowning, dog bite and snake bite.
3. Cover is provided for unlimited air travel as a fare - paying passenger by regular airlines over established routes.
4. In case of accidental injury, the insured will be paid upto 5 % of suminsured (maximum Rs.5,000) as emergency medical expense and conveyance to the nearest hospital.
5. In case of accidental death, upto 5% of suminsured (maximum Rs.5,000) will be paid for the funeral or transportation of the dead body to the heirs.
 - a. No Claim Bonus: can also be extended subject to Policy terms and conditions
 - b. Premium less than PKR 1/- per day for a capital sum insured of PKR 100,000
 - c. Riot can also be covered on specific request and with additional premium and terms and conditions

Complaints in respect of Insurance Policy

If you have any complaint or grievance against the insurance company, broker, surveyor or bank representative in respect of your insurance policy, you may file your complaint with the following offices.

(1) FEDERAL INSURANCE OMBUDSMAN

2nd Floor, Pakistan Red Crescent Society Annexe Building,
Plot # 197/7, Dr. Doud Pota Road, Karachi.
Phone: 021-99207761-62. Website: www.flo.gov.pk/

(2) Offical Coordinator, Small Disputes Resolution Committee (Islamabad)

The Management Executive, Insurance Division, 3rd Floor
NIC Building, 63-Jinnah Avenue, Blue Area, Islamabad.
Phone: 051-9207091-4 Ext.439 Email: complaints@secp.gov.pk

(3) Offical Coordinator, Small Disputes Resolution Committee (Karachi)

The Deputy Director, Specialized Compaines Division, 5th Floor,
State Life Building No.2 Wallace Road, Off. I.I. Chundigar
Road, Karachi. Phone. 021-32414204.
Email: complaints@secp.gov.pk

(4) Offical Coordinator, Small Disputes Resolution Committee (Lahore)

The Deputy Registrar of Compaines, Company Registration
Office - Lahore, Associate House, 3rd & 4th Floor, 7-Egerton
Road, Lahore, Phone: 042-99204962-66 Ext. 28.
Email: complaints@secp.gov.pk