



APPLICATION FORM

Section A: Applicant's Personal Information			
Complete Name:		Business Occupation:	
		Date of Birth	
Complete Postal Address:		Please provide any one of the following:	
		a. CNIC No. (Please enclose a copy):	
		b. Passport No. (Please enclose a copy):	
Contact No.:		c. National Tax No. Certificate (Please enclose a copy):	

Section B: Applicant's Beneficiary Information			
Complete Name:		Relationship with the Applicant:	
		Please provide any one of the following:	
Complete Postal Address:		a. CNIC No. (Please enclose a copy):	
		b. Passport No. (Please enclose a copy):	
Contact No.:		c. National Tax No. Certificate (Please enclose a copy):	

In case of more than one beneficiary please enclose a separate sheet.

Section C: Coverage Required	
1. Benefits (Original Cover)	2. Benefits (Cover with Riot and Terrorism)
Please check the benefit required and state the sum insured alongside.	Please check the benefits required and state the sum insured alongside.

Benefits	Sum Insured	Added on Benefits	Sum Insured
a. Accidental Death		a. Accidental Death	
b. Accidental Death, Permanent Total and Partial Disablement		b. Accidental Death, Permanent Total and Partial Disablement	
c. Accidental Death, Permanent and Temporary Disablement		c. Accidental Death, Permanent and Temporary Disablement	
d. Accidental Medical Expenses		d. Accidental Medical Expenses	
e. Emergency Medical Evacuation to the nearest hospital due to accident		e. Medical Evacuation to the nearest hospital due to accident	
f. Transportation of Mortal Remains to the place of funeral or to the legal heirs of the deceased		f. Transportation of Mortal Remains to the place of funeral or to the legal heirs of the deceased	

Benefits (Cover with Riot and Terrorism) are subject to additional premium and terms.

Section D: Other Information			
Period of Insurance	From:	Are you presently insured under any Life Insurance Policy or similar coverage	Yes No
	To:		
		If yes, please provide complete details.	
Are you presently insured under any Personal Accident Insurance Policy or similar coverage?	Yes No		
If yes, please specify the sum insured/ amount of coverage and its basis with complete details.		Have any Insurance Company declined a similar application to you or accepted your application on special terms and conditions or cancelled you previous policy (if any) issued to you?	Yes No
		If yes, please provide complete details.	
Did you suffer any accidents during the last 5 years	Yes No		
If yes, please provide complete details.			

Note: In case of Group Personal Accident Insurance, please attach a separate sheet and each group member is required to sign the declaration.

Declaration by the Applicant: I hereby declare and agreed that all the information provided above is true to the best of my knowledge and belief. I further declare and agree that there is no such information which is withheld by me that could materially affect the decision of EFU General Insurance Ltd in accepting this proposal. I confirm that I shall always adhere to and remain in compliance with the terms and conditions of the policy.

All the information provided above shall form basis of the insurance contract between EFU General Insurance Ltd and myself. In case of any misrepresentation in or non-disclosure of material information by the me, it will give the right to the Insurance Company to either decline the claim if such misrepresentation and non-disclosure is directly related to the claim intimated, cancel my policy ab initio without any premium refund or will affect the claim assessment accordingly.

I hereby also confirm and declare that:

1. I am in good health and there are no circumstances of occupation, habits, health or bodily power which might render me especially 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 Insurance Company of any variation in my profession or occupation, habits or pursuits and of sickness, physical defect or infirmity by which I have become affected.
4. I completely understand and agree to accept the policy terms, conditions and limitations mentioned in the Policy and endorsed or to be endorsed to the Policy.

Signature:

Date:

CNIC No.

Thumb Impression of the Applicant

