



## THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. & HO : New India Assurance Building, 87, M. G. Road, Fort, Mumbai - 400 001.

### PERSONAL ACCIDENT INSURANCE PROSPECTUS - CUM - PROPOSAL FORM BRIEF PARTICULARS OF THE COVER

The policy provides for the payment of certain amount for death or disablement of Insured person due to an accident. The amount depends on the Capital Sum Insured.

Details of the cover are shown in the policy wordings. Brief particulars are given below for reference.

For the sake of convenience Benefits are shown below for a Capital Sum Insured (CSI) of Rs. 1,00,000/-.

#### BENEFITS

1. Death only - Rs. 1,00,000
2. Loss of two limbs / two eyes or one limb and one eye -Rs. 1,00,000
3. Loss of one limb or one eye - Rs. 50,000
4. Permanent Total Disablement from Injuries other than those named above (PTD) - Rs. 1,00,000
5. Permanent Partial Disablement (PPD) - % of CSI, as shown on next page.
6. Temporary Total Disablement (TTD) at 1% of CSI upto 100 weeks (Maximum weekly benefits not exceeding Rs.3,000) However limited to Capital Sum Insured. (Please see note below). - Rs. 1,000 per week

Additional Benefits free of cost available under all Tables

1. Expenses for carriage of dead body of the Insured person (Death due to accident only) to the place of residence 2% of CSI of Rs. 2,500/- whichever is lower.
2. Education grant is payable in the event of death or permanent total disablement of the Insured person:
  - a) One dependent child below 25 years of age 10% of CSI subject to maximum of Rs. 5,000/-.
  - b) More than one dependent child below 25 years of age 10% of CSI subject to maximum of Rs. 10,000/-.

#### Rate of Premium per mille

<u>Table</u>	<u>Risk Group</u>	<u>I</u>	<u>II</u>	<u>III</u>
D	Benefit as per (1) above	0.45	0.6	0.9
C	Benefits as per (1) to (4) above	0.7	0.9	1.3
B	Benefits as per (1) to (5) above	1	1.25	1.75
A	Benefits as per (1) to (6) above	1.5	2	3

Note :

- 1) Limit of age 5-70 years,
- 2) The aforesaid limits would apply cumulatively in the event of There being more than one policy on the life of the insured person.
- 3) The Proposer may choose any of the above tables.
- 4) The cover is worldwide.
- 5) Cumulative Bonus : The sum payable under items 1 to 4 is increased by 5% each year on renewal of the Policy upto a limit of 50%. The earned cumulative bonus will not be lost if the policy is renewed within 30 days of its expiry.

**Special Note : Family Package Cover**

Family Package Cover can be granted on the following pattern :-

- |   |   |
|---|---|
| (I) Earning Member (Person Insured) and Spouse, if earning..... | CSI for each as per norms   |
| (ii) Spouse (if not earning member)...                          | 50% of the CSI of the earning member or Rs. 1 lakh whichever is lower.                |
| (iii) Children (between age of 5 years and 25 years).....       | 25% of the CSI of either earning member or Rs. 50,000/- whichever is lower per child. |

Note :

- 1 For Children the maximum cover shall be limited to Death and permanent Disablement (total and partial) only i.e. Table 'B' benefits only.
- 2 A discount of 10% may be granted on the gross premium under the Family Package cover.

**Extension Cover :-**

The Policy can be extended to include medical expenses to the extent of Actuals or 40% of the valid claim amount or 10% of Capital Sum Insured whichever is less subject to payment of additional premium at the rate of 20% of basic premium.

**Classification of Risk**

The P.A. risks are divided into three groups as detailed below (Applicable to individual risks or 'named person' under Group Insurance);

**RISK GROUP I :**

Accountants, Doctors Lawyers, Architects, Consulting Engineers, Teachers, Bankers, Persons engaged in administrative functions, Persons primarily engaged in occupations of similar hazard.

**RISK GROUP II :**

Builders, Contractors and Engineers engaged in superintending functions only, Veterinary Doctors, paid drivers of motor cars and light motor vehicles and persons engaged in occupations of similar hazard and not engaged in manual labour.

All persons engaged in manual labour (Except those falling under Group III) Cash Carrying Employees, Garage and Motor Mechanics, Machine Operators, Drivers of trucks of lorries and other heavy vehicles, Professional Athletes and Sportsmen, Woodworking Machinists and Persons engaged in occupations of similar hazard.

**RISK GROUP III :**

Persons working in underground mines, explosives magazines, workers involved in electrical installation with high tension supply, Jockeys, Circus personnel, Persons engaged in activities like racing on wheels or horseback, big game hunting mountaineering, winter sports, skiing, ice hockey, ballooning, hang gliding, river rafting, polo & persons engaged in occupations/activities of similar hazard.

**EXCLUSIONS :** Some of the major exclusions are shown below :-

The Policy does not cover death injury or disablement resulting from :

- (a) Service on duty with any Armed Force.
- (b) Intentional Self-injury, Suicide or attempted suicide, insanity, venereal diseases, aids or the influence of intoxicating drink or drugs.

- (c) Medical or surgical expenses (except where such treatment is rendered necessary within the scope of the policy and medical extension taken.
- (d) Aviation other than as a passenger (fare-paying or otherwise) in any duly licensed standard typed of aircraft anywhere in the world.
- (e) Nuclear radiation or nuclear weapons material.
- (f) Any consequence of War, Invasion, Act of Foreign Enemy, Hostilities (whether war be declared or not) Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraint, and Detainments of all kings, Princes and People of whatever nation conditions or quality so ever.
- (g) Child birth Pregnancy or other physical causes peculiar to the female sex.
- (h) Whist committing any breach of law with criminal intent.

**Permanent Partial Disablement**

(Please refer Benefit 5 on page 1)

<u>Parts lost</u>	<u>Percentage of Capital Sum Insured</u>
i) Loss of toes - all	20
Great - both phalanges	5
Great - one phalanx	2
Other than great, if more then one toe lost each	1
ii) Loss of hearing - both ears	75
iii) Loss of hearing - one ear	30
iv) Loss of four fingers and thumb of one hand	40
v) Loss of four fingers	35
vi) Loss of thumb - both phalanges	25
one phalanx	10
vii) Loss of index finger	
three phalanges or two phalanges or one phalanx	10
viii) Loss of middle finger	
) three phalanges or two phalanges or one phalanx	6
ix) Loss of ring finger	
three phalanges or two phalanges or one phalanx	5
x) Loss of little finger	
three phalanges or two phalanges or one phalanx	4
xi) Loss of metacarpels	
first or second (additional) or third, fourth or fifth (additional)	3
xii) Any other permanent partial disablement	Percentage as assessed by the Panel Doctor of the Company.

**PROPOSAL FORM FOR INDIVIDUAL PERSONAL ACCIDENT INSURANCE**

1 (a) Name of the Proposer

Paid Up Capital (if applicable) :

- (b) Name of the Insured person
  
  - (c) Relation between proposer and the Insured person
- 2 Address for correspondence
- 
- 3 Residential address/Permanent address

Details of the Insured person :

- 4 (a) Profession, occupation, trade or business  
(please describe fully with nature of duties)
- (b) Are you primarily engaged in administrative, secretarial or managerial functions or in a shop ?
- (c) Are you a builder, contractor, engineer engaged in superintending functions, a vet, driver of LMVs or engaged in similar occupation ?
- (d) Does your occupation require you to engage in manual labour ?
- (e) Do you engage in :
  - i) racing on wheels or horseback ?
  - ii) big game hunting
  - iii) mountaineering
  - iv) winter sports, skiing or ice hockey ?
  - v) ballooning or polo or sports of similar nature.
- (f) What is your average monthly income from :
  - i) Gainful employment  
Rs.
  - ii) Other sources  
Rs.  
Total  
Rs.

5 DATE OF BIRTH : \_\_\_\_/\_\_\_\_/\_\_\_\_ HEIGHT : \_\_\_\_Meters. WEIGHT : \_\_\_\_Kgs.

- 6 Have you ever suffered or do you suffer from :  
(full particulars must be given in case the answer is "YES" to any of the following queries)
- (a) Any physical defect or infirmity
  - (b) Gout/Arthritis or Diabetes, Paralysis, Fits of any kind or any other chronic disease
  - (c) Any other disability.

- 7 (a) Have you ever proposed for Accident and / or Life Insurance ?
- (b) If so, give name of each Company and amount of insurance
  - (c) Has any company :
    - i) declined to issue a policy to you ?
    - ii) declined to continue your insurance ?

- iii) not invited the renewal of your policy ?
  - iv) imposed any restriction or special conditions ?
- If so, give names and address of each company in respect of i), ii), iii) & iv) above.

- (d) Is this insurance to be additional to any other Accident Policy or Employee scheme; if so, give particulars of other policies.
- Name of Company \_\_\_\_\_  
 Sum Insured \_\_\_\_\_  
 Policy No. \_\_\_\_\_

8 Have you ever claimed or received compensation under any Accident Policy ? If so, give full particulars, name of insurer, amount and dates.

9 Please indicate :

- a) Capital Sum Insured Rs. \_\_\_\_\_
- b) Table of Cover Benefit (1) to \_\_\_\_\_  
i.e. Table \_\_\_\_\_
- c) Period of Insurance From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

10 Do you wish to obtain cover against additional risks mentioned under extension covers. If yes, specify which.

11 Do you wish to take a family package ? YES/NO If yes, give details.

	Name	Dt. of Birth	Occupation	C.S.I.
Table				
Spouse				
Children				
1)				
2)				
3)				

I declare that the above answers are true to the best of my knowledge and belief, that I have disclosed all particulars affecting the assessment of the risk. I agree that this proposal and declaration shall be the basis of the contract between me and the Company.

Date \_\_\_\_\_ Place \_\_\_\_\_ Proposer's Signature \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Signature of the person to be insured \_\_\_\_\_

**ASSIGNMENT**

I, \_\_\_\_\_ do hereby assign the moneys payable by the The New India Assurance Company Limited in the event of my death to \_\_\_\_\_ (name) \_\_\_\_\_ (relation to the insured) and I further declare that in the event of death of the Assignee named herein all benefits shall become payable to the children named in the Policy and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ at \_\_\_\_\_

*Signature of the*

*insured*

Witness : (Sign.)

Name  
Address :

(Assignment is to be filled in when Insured & Insured person are same)

***Development Officer's / Broker's Report.***

The Proposal is known to us / me/my agent for \_\_\_\_\_ years and I recommend acceptance of this proposal.

Date \_\_\_\_\_ Code No. \_\_\_\_\_ Signature of the Dev. Officer / Broker

***Prohibition of Rebates***

The following is the copy of Section 41 of the Insurance Act, 1938 :-

- (1) No Person shall allow, or offer to allow directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in india; any rebate of the whole or part of commission payable or any rebate of premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- (2) Any Person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

N.B. Insurance is the subject matter of solicitation.