



HIMALAYAN GENERAL INSURANCE CO. LTD.

Head Office: Babar Mahal, GPO Box: 148, Kathmandu, Nepal.

Tel: 4231788; Fax: 4241517

E-mail : ktm@hgi.com.np

Birgun 525366 **Biratnagar** 531848 **Pokhara** 462100 **Durbar Marg** 4231581 **Butwal** 622315 **Lalitpur** 5001810

PAN No. : 500056246

GROUP PERSONAL ACCIDENT PROPOSAL FORM

QUESTIONS	ANSWERS
1. Proposers name in full	1.
2. Address in full Tel. No. / Fax No. / Email	2.
3. Business /. Occupation	3.
4. Period of Insurance	4.fromto
5. Sum Insured	5. In figures: In words:
6. What benefits do you require tick as appropriate	6. A to E () A to D () A to C () and A only ()
7. Medical Benefits	7. E () % of C.S.I.
8. Has any company imposed special conditions for life insurance, accidental or medical insurance? If yes, please give details.	8.
9. Are your employee now insured or proposing to insure against accident insurance with other insurer? If yes please give details of insurer name and sum insured.	9.
10. Have you ever made claim under accidental and medical? If yes, please give details of insurer name, amount, date & other details.	10.
11. Do any employee to be insured suffer from any following ailment? a) Paralysis b) Epelysopsi c) Anthraces d) other related to ear	11.
12. Mention if there are any other information related to health or behavior of person to be insured.	12.
13. Are your employee planning for travel within 15 days from inception date? If yes, mention period and place.	13.
14. What is your employee weekly salary income? Please give in figure and word.	14. In figures: In words:
15. Are your employees engage in sports, such as polo, horse riding, hunting, rock climbing, mountain expedition etc. If yes, please mention.	15.
16. Give details of employees to be insured.	16.

