



RELIANCE GENERAL INSURANCE COMPANY LIMITED
(Registered Office: 3rd Floor, Maker Chambers IV, Nariman Point, Mumbai 400 021)

RGICL/MI-PAI/Form 2

PERSONAL ACCIDENT INSURANCE POLICY (INDIVIDUAL)

PREAMBLE

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Reliance General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the rules made thereunder, to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this policy:

OPERATIVE CLAUSE

NOW THIS POLICY WITNESSETH that subject to the terms, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon if at any time during the currency of this policy, the insured person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then the Company shall pay to the Insured or his legal representative(s), as the case may be, the sum or sums hereinafter set forth, that is to say -

- a) if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of death of the insured person, the Capital Sum Insured stated in the Schedule hereto;
- b) if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
 - i) sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Schedule hereto;

A true copy:

For Reliance General Insurance Company Limited


PRINCIPAL OFFICER

- ii) use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Schedule hereto.
- c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
 - i) the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto;
 - ii) use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto.

NOTE: For the purpose of Clauses (b) and (c) above, 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle.

- d) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured.
- e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Capital Sum Insured as indicated below shall be payable.

	Percentage of Capital Sum Insured
Loss of toes - all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	1%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	35%
Loss of thumb - both phalanges	25%
Loss of thumb - one phalanx	10%
Loss of index finger - three phalanges or two phalanges or one phalanx	10%
Loss of middle finger - three phalanges or two phalanges or one phalanx	6%
Loss of ring finger - three phalanges or two	5%

phalanges or one phalanx	
Loss of little finger - three phalanges or two phalanges or one phalanx	4%
Loss of metacarpels - first or second (additional) or third, fourth or fifth (additional)	3%
Any other permanent partial disablement	Percentage as assessed by a panel doctor of the Company

- f) If such injury shall be the sole and direct cause of temporary total disablement, then so long as the insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of one percent (1%) of the Capital Sum Insured stated in the Schedule hereto per week, but in any case not exceeding Rs. 5,000/- per week in all, under all policies.

Provided that the compensation payable under the foregoing Clause (f) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of disablement and in no case shall exceed the Capital Sum Insured.

ADDITIONAL BENEFITS

1. **CARRIAGE OF DEAD BODY:** It is hereby agreed that in the event of death of the insured person due to accident as defined in the policy outside his/her residence, the Company in addition to the amount payable under foregoing Clause (a) shall also pay for transportation of insured person's dead body to the place of residence a lump sum of 2% of Capital Sum Insured or Rs. 2,500/- whichever is less.
2. **EDUCATION GRANT :** In the event of death or permanent total disablement of the Insured, due to accident, the Company shall pay as education grant for the dependent children as below -
 - a) if the Insured has one dependent child below the age of 25 years, an amount equal to 10% of the Capital Sum Insured subject to a maximum of Rs. 5,000/-;
 - b) if the Insured has more than one dependent child below the age of 25 years, an amount equal to 10% of the Capital Sum Insured subject to maximum of Rs. 10,000/- irrespective of number of dependent children.

Payment of education grant as above will be made along with the Capital Sum Insured to the same person/s who is/are entitled to receive the Capital Sum Insured.

Provided that if there be any other subsisting Personal Accident Insurance Policies covering the Insured total benefits under this Clause under all such policies, shall be limited to a maximum of Rs. 5,000/- in case there is one dependent child and Rs. 10,000/- in case there are more than one dependent child. The amount so payable shall be borne by all the policies in proportion to the original sum insured.

EXCEPTIONS

PROVIDED ALWAYS THAT the Company shall not be liable under this policy for -

1. Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
2. Compensation under more than one of the foregoing Clauses in respect of the same period of disablement.
3. Any other payment after a claim under one of the foregoing Clauses (a), (b), or (d) has been admitted and become payable save for payments under medical expenses extension, education grant and for carriage of dead body.
4. Any payment in case of more than one claim under the policy during any one period of insurance by which the maximum liability of the Company in that period would exceed the sum payable under the foregoing Clause (a) of this policy. This would not apply to payments made under medical expenses extension, education grant and expenses for carriage of dead body.
5. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
6. Payment of compensation in respect of death, injury or disablement of the insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, AIDS or insanity, (e) arising or resulting from the Insured committing any breach of law with criminal intent.

'Standard type of aircraft' means any aircraft duly licensed to carry passengers (for hire or otherwise) by an appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.
7. Payment of compensation in respect of death, injury or disablement of the insured person due to or arising out of or directly or indirectly connected with or traceable to 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, restraints and detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
8. Payment of compensation in respect of, death of, or bodily injury or any disease or illness to the insured person directly or indirectly caused by or contributed to by or arising from -

a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission;

b) nuclear weapons material.

Provided that due observance and fulfillment of the terms and conditions of this policy (which conditions and all endorsements hereon are to be read as part of this policy) shall so far as they relate to any thing to be done or not to be done by the Insured and truth of the statements and answers in the said written proposal shall be a condition precedent to any liability of the Company under this policy.

CUMULATIVE BONUS

Compensation payable under the foregoing Clauses (a), (b), (c) and (d) of the policy viz. death, loss of limb(s) or sight and permanent total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year, during which the policy shall have been in force, prior to the occurrence of an accident for which capital sum becomes payable but the amount of all such increases shall not exceed 50% of the Capital Sum Insured stated in the Schedule hereto. This cumulative bonus is applicable to Capital Sum Insured, which is renewed continuously.

This clause shall not in any way alter the annual character of the insurance nor the right of the Company to decline to renew or to cancel this policy as hereinafter provided.

The earned cumulative bonus will not be lost if the policy is renewed within 30 days after its expiry.

CONDITIONS

1. Upon the happening of any event which may give rise to a claim under this policy, written notice with full particulars must be given to the Company immediately. In case of death, written notice of the death must, unless reasonable cause is shown, be so given before interment / cremation, and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limb(s), written notice thereof must be given within one calendar month after such loss of sight or amputation.
2. Proof satisfactory to the Company shall be furnished on all matters upon which a claim is based. Any Medical or other agent of the Company shall be allowed to examine the insured person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company and in the event of death, to make a postmortem examination of the body of the Insured. Such evidence as the Company may from time to time require shall be furnished and a postmortem report, if necessary, be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight the insured person shall undergo at the Insured's expense such operation or

treatment as the Company may reasonably deem desirable. Provided that all sums payable hereunder shall be payable in the case of -

- i) death or permanent total disablement, only after deleting by an endorsement the name of the insured person in respect of whom such sum shall become payable without any refund of premium;
- ii) permanent partial disablement, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the insured person in respect of whom such sum shall become payable; and
- iii) temporary total disablement upon termination of such disablement.

No sum payable under this policy shall carry interest.

3. The Company shall not be liable to make any payment under this policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured or any one acting on Insured's behalf.
4. (a) The Insured shall give immediate notice to the Company of any change in business or occupation.

(b) The Insured shall on tendering any premium for the renewal of this policy give notice in writing to the Company of any disease, physical defect or infirmity with which insured persons may have become affected since the payment of last preceding premium.
5. This policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the policy or of the subsequent renewal thereof.
6. The Company may at any time, by notice in writing, terminate this policy, provided that the Company shall in that case return to the Insured the then last paid premium less a prorata part thereof for the portion of the current insurance period which shall have expired. Such notice shall be deemed sufficiently given if posted and addressed to the Insured at the address last registered in the Company's books and shall be deemed to have been received by the Insured at the time when the same would be delivered in the ordinary course of post or the policy may be cancelled at any time by the Insured by a notice in writing under certificate of posting or by Regd. A/D. Such notice shall be deemed to be effective from the date of despatch of the same by the Insured.

PROVIDED no claim has arisen under a policy prior to the despatch of such notice by the Insured to the Company, the Insured shall be entitled to a return of premium less premium at Company's short period scales (Table given herebelow), for the period the policy has been in force.

Table of Short Period Scales	
Period of Risk	Premium to be charged (% of the Annual Rate).
Up to one month	25%
Up to three months	50%
Up to six months	75%
Above six months	Full Annual Rate.

7. The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the Insured or his legal representatives shall in all cases be a full, valid and effectual discharge to the Company.
8. If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

9. The Company agrees and undertakes to pay claim subject to the maximum total sum insured under this policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

A true copy:

For Reliance General Insurance Company Limited

[Signature]
PRINCIPAL OFFICER



Reliance General Insurance Company Limited

Regd. Office : 3rd floor, Maker Chambers IV, Nariman Point, Mumbai - 400 021.

RGICL/MI-PAI/Form I

PERSONAL ACCIDENT INSURANCE (INDIVIDUAL)

Proposal Form

NOTE: PLEASE ANSWER EVERY QUESTION FULLY

(The Policy does not commence until the proposal is accepted and premium paid)

Area Office Code/Service Centre Code			
Broker/ Agent Name & code		Code	
Proposer's Details			
1. Name of the Proposer			
2. Customer ID.			
3. Name of the person to be insured.			
Relationship between the Proposer and the Insured Person.			
Address of the Proposer		Plot No/Door No.	Building name
		Road	
		Area	
		City	Pincode
		State	
		Phone No.	
		E-mail Id	
Profession, trade, business or Occupation of the Proposer <i>Describe fully with nature of duties</i>			

A True Copy

For RELIANCE GENERAL INSURANCE COMPANY LIMITED

[Signature]
PRINCIPAL OFFICER

Are you primarily involved in administrative, secretarial or managerial function?	
Does your occupation require you to engage in manual labour?	
Do you engage in : a) Racing on wheels or horseback b) Big game hunting c) Mountaineering d) Winter sports, skiing or ice hockey e) Ballooning or polo or sports of similar nature	
What is your average monthly income from : (i) Gainful employment (ii) Other sources Total	Rs.... Rs..... Rs.....
Date of birthDay.....Month.....Year
Height Weight	a)metres b)kgs
Have you suffered or do you suffer from : Any physical defect or infirmity Gout/arthritis or diabetes, paralysis, fits of any kind or any other chronic disease. Any other disability <i>Particulars must be given in case the answer is 'yes' to any of the following</i>	a) b) c)

Have you ever proposed for accident, and/or Life insurance?
If so, give name of the company and amount of insurance.

- Has any company
- (i) Declined to issue a policy to you?
 - (ii) Declined to continue your insurance?
 - (iii) Not invited renewal of your policy?
 - (iv) Imposed any restriction or special conditions?

Give names and address of the company in respect of (i), (ii), (iii) and (iv) above.

Is this insurance to be additional to any other accident policy or Employee Scheme. If so, give particulars of all other policies.

- (i) Name of the company.
- (ii) Sum insured
- (iii) Policy no.

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

Please indicate :

- a) Capital Sum Insured
- b) Table of Cover

- a)
- b) Table A/B/C/D

Do you wish to obtain cover against additional risks under extension covers, If 'yes' specify (A) or (B) below

Family Package Cover :

Members of the family to be covered other than the insured	Name	Age	Profession/Occupation	Annual Income	Capital Sum Insured (Rs)	Table of Benefit
						A/B/C/D
						A/B/C/D
						A/B/C/D

Additional Expenses due to accident Extension Yes/No

In case of children, the cover is restricted as per Table A or B only.

Declaration and undertaking by the Proposer

I/We hereby declare that the statements, answers and particulars made by me/us in this proposal form are correct, complete and true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in respect, the Company shall have no liability under this insurance. We agree and undertake to convey to Reliance General Insurance Company Limited any conditions/alterations carried out in the risk proposed for insurance after submission of the proposal form.

Signature of the Proposer.

Signature of the person to be insured.

ASSIGNMENT

I/We do hereby assign the monies payable by Reliance General Insurance Company Limited in the event of my death to Shri/Smt/Ms. _____ (name) _____ (relation to the assured) and I further declare that his/her/their receipt shall be a full, valid and effectual discharge to the Company.

Dated this _____ day of _____ 200_ at _____

Signature of the Policyholder.

Business:

Signature:

Address:

Address:

PROHIBITION OF REBATE

SECTION 41 OF INSURANCE ACT, 1938

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or to continue in force an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the premium payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing in force a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or conditions of the Insurer.

Who makes default in complying with the provisions of this section shall be punishable with fine, which may extend to one hundred Rupees.



Reliance General Insurance Company Limited

(Registered Office: 3rd Floor, Maker Chambers IV, Nariman Point, Mumbai 400 021)

Personal Accident Insurance Policy

SCHEDULE

Area Office (Code):	Agent Code:
Policy No:	
Date of proposal & declaration:	Details of previous policy(in case of renewal) Previous policy No: Date of expiry:

Insured Details	
Name & address of the Insured:	Profession/Occupation/Nature of Business:
Age	

Period of insurance	
From	To

Sum Insured details
Sum Insured: (a) Capital Sum Insured Rs. (b) Cumulative Bonus Earned Rs.

Benefits details	
Table	Benefits
A	As at clause (a) of Operative Clause of Policy
B	As at clauses (a), (b), (c) and (d) of Operative Clause of Policy
C	As at clauses (a), (b), (c), (d) and (e) of Operative Clause of Policy
D	As at clauses (a), (b), (c), (d), (e) and (f) of Operative Clause of Policy

Insured Persons details						
S. No	Name of the Insured persons	Age	Profession/ Occupation	Sum Insured Rs.	Cumulative Bonus Earned Rs.	Table of Benefit



Reliance

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Assignment details	
Name of the Assignee	Relationship with the Insured

Premium details	
Premium	Rs.
Service Tax	Rs.
Total	Rs.

In witness whereof this policy has been signed at _____ on this _____ day of 2002.

For and on behalf of
Reliance General Insurance Company Limited

Authorised Signatory



RELIANCE GENERAL INSURANCE COMPANY LIMITED
Regd Office: 3rd Floor, Maker Chambers IV, Nariman Point, Mumbai 400 021

Rating Schedule for Personal Accident Insurance (Individual)

Table	Risk Group	Rate of Premium per mille		
		RISK GROUP		
		I	II	III
A	Benefits as per Coverage 1 of Annexure V (Benefits payable)	0.45	0.60	0.90
B	Benefits as per Coverage 1 to 4 of Annexure V (Benefits payable)	0.70	0.90	1.30
C	Benefits as per Coverage 1 to 5 of Annexure V (Benefits payable)	1.00	1.25	1.75
D	Benefits as per Coverage 1 to 6 of Annexure V (Benefits payable)	1.50	2.00	3.00

Note A :

1. Limit of age 5-70 years. For proposals over 70 years, the rate may be loaded by 5 % in case of renewals on time and by 10 % for fresh proposals.
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 world-wide.
5. Cumulative Bonus : The sum payable under items 1 to 4 is increased by 5% for each claim free year upto a maximum of 50%. The earned cumulative bonus will not be lost if the policy is renewed within 30 days of its expiry.
6. Basic rates can be reduced by 25 % at the discretion of the Area Manager depending upon the good features.

Special Notice : Family Package Cover :-

Family Package Cover may 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.
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Note B.

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 on payment of additional premium at the rate of 20% of basic premium. Under this extension, the Policy reimburses to the Insured an amount upto but not exceeding 40% of the compensation paid in settlement of a valid claim under this Policy or 20% of the relevant sum insured whichever is less.

CLASSIFICATION OF RISK

The P.A. risks are divided into three groups as detailed below (Applicable to individual risk or 'named persons' 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 or lorries and other heavy vehicles, Professional Athletics 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, hand gliding, river rafting, polo and persons engaged in occupations/activities of similar hazard.



RELIANCE GENERAL INSURANCE COMPANY LIMITED
 Regd Office: 3rd Floor, Maker Chambers IV, Nariman Point, Mumbai 400 021

RGICL/MI-PAI/Form 3

PERSONAL ACCIDENT INSURANCE**CLAIM FORM**

Policy No		Claim No.	
		Date of registration	
Area Office Code/Service Centre Code			
Broker/Agent Name & code		Code	

1. Name of the Insured			
2. Customer ID			
3. Address of the Insured	Plot No/Door No.		Building name
	Road		
	Area		
	City		Pin code
	State		
	Phone No.		
	E-mail Id		
4. Profession or Occupation			

Policy details	
Sum Insured	Table of Cover

Details of Accident

3. A) Date of the Accident b) Time of the Accident c) Where it happened? d) Name & Address of the Witness	
4. How did the Accident occur?	

5. Nature of Injury received (if to limb or Eye state whether right or left)	
6. a) Nature of disablement b) Extent of disablement c) Period of temporary total disablement d) Present state of incapacity	(From.....to.....)

a) Nature of disablement

b) Extent of disablement

c) Period of temporary total disablement (From.....to.....)

d) Present state of incapacity

7. Name and address of Surgeon in attendance:

8. a) Where and when can a Medical Officer of this Company visit you, if necessary?

b) Name of the nearest railway station and distance therefrom

a) Are you insured in any other Office or Offices granting compensation for accident?

b) If so state name and address of company or Companies and amount of Insurance

I hereby declare that the foregoing statements are made by myself and are true in all respects and that I have not attempted to conceal from the company anything with which it ought to be made acquainted and also that if I have made or in any further declaration the Company may require shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and am willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Witness: Name.....
Signature

Signature of the Insured

Date

Address

.....

.....

Date

CERTIFICATE TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT

I hereby certify that I was present when the Accident occurred to Mr. on the day of 20....., in the manner stated by him overleaf; that it was caused by*which was/was not his wilful act and that* he was / was not under the influence of intoxicating liquor at that time.

Signature

.....

Address

.....

.....

Occupation

.....

Date

*Strike out whichever

.....

is not applicable*

MEDICAL CERTIFICATE

Claims must be supported by the Medical Evidence furnished by the Insured at his/her expense

1. a) Name of Claimant

(b) Age

1. a) Nature and cause of Accident

b) If to eye or limb, state left or right

c) Whether the appearance of the injuries are consistent with the account given of the accident

2. Date on which you first attended claimant for this injury

3. Has claimant been totally prevented from attending to any portion of his business? If so for how long?

4. Is claimant suffering from any disease or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If so, give particulars
5. Present condition
6. How long from the happening of the Accident do you consider
 - a) Total disablement will last
 - b) Partial disablement will last

Having personally examined the above named Insured, I certify that the above statements are correct and that the injured person is necessarily disabled by the accident referred to.

.....
.....
.....
.....

Signature
Name and Qualification
Address

Date: