Regd. & Head Office: 3, Middleton Street, Kolkata-700 001

## PERSONAL ACCIDENT INSURANCE (INDIVIDUAL)

1.N	NAME :			
3.A 4. P	ADDRESS: AGE LAST BIRTHDAY: PROFESSION/OCCUPATION ANNUAL INCOME			
6. CAPITAL SUM INSURED :		Personal Accide	nt:Rs	
	(a) Sum Insured	Medical Expenses :Rs		
	(b) Cumulative Bonus Earned	Total	:Rs	
7.	PERIOD OF INSURANCE:	Less : Discount	:Rs	
	From:	Net	:Rs	
	to Midnight of : (both days inclusive)			
I(Name in full) do hereby assign the moneys payable by the National Insurance Co., Ltd., in the event of my death to my(mention relationship with the Insured) Mr./Mrs./Miss				
(Name in full)		Sigr	Signature	
Dated				
I declare that the above answers are true to the best of my knowledge and belief, that I have disclosed all particulars effecting the assessment of the risk. I agree that this proposal and declaration shall be the basis of the contract between me and the Company.				
I also declare that I do not suffer from loss/disablement/defect.				
Date	:			
Place	e:	Sigr	nature of the insured	