

**PROPOSAL FOR PERSONAL ACCIDENT POLICY**

Full Name

Address :

Occupation :

Passport No. :

**CLASSIFICATION OF OCCUPATION**

- CLASS 1- Accountants Bankers, Barristers, Medical Practitioners, Mercantile Assistants and those engaged solely in Executive, Administrative or Clerical duties
- CLASS 2- Architects, Planters, Electrical Engineers (Superintending only) Master Tradesmen who Supervise but do no manual work.
- CLASS 3- Motor Engineers (Masters Working), Veterinary surgeons. Persons engaged in Manual work not involving unusual hazards or wood working Machinery other occupations will be considered on application.

Have you any physical or other defect or Weakness of any kind to the best of your knowledge and belief? If so give full particulars.

Have you any other life or personal accident Insurance? If so, give full Particulars

declined your proposal or Cancelled or refused to renew your policy?

Yes

No

Do you wish to insure any other benefit?

Period of Insurance

Particulars of Insurance Required

- (a) Table A, B or C  
(b) Death

Table A-Death permanent & Temporary disablements  
Table B-Death permanent Total & partial disablements  
Table C-Death only

Age

Height :

Weight :

Name of Beneficiary :

Relationship :

Amount of Insurance :

**COMPENSATION AS PER SCHEDULE OF THE POLICY**

		Table A	Table B	Table C
ANNUAL PREMIUM (FOR SUM INSURED OF TK. (10,000))	CLASS 1	Taka 30.00	Taka 12.50	Taka 0.50
	CLASS 2	40.00	10.00	11.00
	CLASS 3	50.00	21.00	15.00

for males Between

(For official use only)

**PREMIUM CALCULATION**

Particulars	Rate	Amount

I desire to effect with the Company an Insurance in the terms of the Policy used for this class of business and I warrant the above statements and particulars are fully and truly made without any reservation. I agree that this proposal shall be the basis of the contract between me and the company and undertake to give notice to the Company of any variation in my business, health habits or pursuits.

(Signature of the Proposer)