



**NEW INDIA  
ASSURANCE**

A worldwide Company

SUVA

Harifam Centre, 2<sup>nd</sup> Floor, Cnr, Renwick Road & Greig St

G.P.O Box 71, Suva, Fiji Islands. Ph: 313488 Fax: 302679

LAUTOKA

155 Vitogo Parade, P.O.Box 257, Lautoka, Fiji Islands. Ph: 661344 Fax: 665302

LABASA

First Floor, R.B. Patel Complex, Naseakula Road.

P.O.Box 1094, Labasa, Fiji Islands. Ph: 812880 Fax: 812230

NADI

Crown Investment Building, First Floor, Main Street

P.O.Box 1073, Nadi, Fiji Islands. Ph: 703300 Fax: 703229

## THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered Office: New India Assurance Building 87, Mahatma Gandhi Road, Fort, Bombay 400001, (India)

### PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

1. Name in full (Block letters)																			
2. TIN No.																			
3. Residence (Block letters)																			
4. Province																			
5. Business address /Postal address																			
6. (a) Profession, occupation, trade or business (please describe fully) with nature of duties. (b) Does your occupation require you to engage in manual labour? (c) What is your average monthly income from your profession, occupation, trade, business and/or other sources?	(a) ..... (b) ..... (c) .....																		
5. (a) Date of Birth..... (b) Height.....meters (c) Weight..... kgs Gender Male/Female																			
6. Have you 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 or Diabetes, Paralysis, Fits of any kind or any Other chronic disease? (c) any other disability?	<table border="0"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> <p>Please indicate your answer by an 'X' in appropriate Square.</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		<input type="checkbox"/>												
Yes	<input type="checkbox"/>	No																	
<input type="checkbox"/>		<input type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	
<input type="checkbox"/>		<input type="checkbox"/>																	
7. Do you take part in any athletics or sports? If so, indicate details thereof.																			
8. (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? (v) If so, give names of each company. (d) Is this Insurance to be additional to any other Accident or Sickness Policy? If so, give particulars of all other policies.	(i) Name of the Co. (ii) Sum Insured..... (iii) Policy No. ....																		
9. Have you ever claimed or received compensation under Any accident or sickness Policy? If so, give full particulars, names of insurer, amount and																			

Dates.

<p>10. Do you wish to assign the policy? If yes please state name And address of the assignee.</p>	
<p>11. Please indicate: -                  (a) Capital Sum Insured.                  (b) Table of Cover                  (c) Period of Insurance.</p>	
<p>12. Do you wish to obtain cover against additional risks Mentioned in our extension covers? If yes specify which.</p>	

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 .....

**PROPOSAL FORM  
FOR  
PERSONAL ACCIDENT INSURANCE**

<b>BRIEF PARTICULARS OF THE COVER</b>							
Benefits & Premium shown in the Table below are a Capital sum Insured (CSI) of \$10,000 However the proposer is free to choose the C.S.I as any multiple of \$10,000							
Premium rates for BENEFITS				Class of risk			
I	II	III	IV				
<b>Accident Cover</b>							
1. Death				10,000			
2. Loss to Two limbs, Two eyes or one limb and one eye		10,000					
3. Loss of one limb or one eye				5,000			
4. Permanent Partial disablement from injuries other than those named above			10,000				
5. Permanent Partial disablement (PPD) as shown below				% of CSI			
6. Temporary total disablement (TTD) @ 1% of CSI ever limited		upto 104 Weeks How-		F\$100 per week			
7. Temporary Partial disablement (TPD) @ 0.3% of CSI		to Capital Sum Insured		F\$30 per week			
<b>Table 'B'</b> Benefits as per (1) to (7) above				25	32	38	50
<b>Table 'C'</b> Benefits as per (1) to (5) above				15	19	23	30
<b>Table 'D'</b> Benefits as per (1) to (3) above				10	13	15	20

**Table 'E'**

Benefits as per (1) only above

8

10

12

15

**NOTES:-**

- (1) Limit of Age 16 – 65
- (2) The weekly compensation in respect of TTD (item 6) and (item 7) is payable at the rate of 1% and 0.3% of CSI respectively, subject to a per week limit of F\$150 for TTD. Provided that the aforesaid limits should apply cumulatively in the event of there being more one policy on the Insured issued by the Company.
- (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 3 is increased by 5% each year on renewal of Policy up to a limit of 50%.

**Extension cover:**

The accident portion can be extended to include medical expenses to the extent of 25% of valid claim amount or 2% of the capital Sum insured whichever less, Subject to payment of additional premium at the rate of 10% of basis premium for the accident cover.

**Classification of Risks**

Class I -	Accountants, Doctors, Lawyers, Architects, Consulting Engineers, Teachers, bankers, Persons primarily engaged in administrative, secretarial and management functions, shop-keepers, shop-assistant not using machinery, commercial Travellers and persons engaged in occupation of similar hazard.
Class II	Builders, Contractors, Engineers, engaged in superintending functions only, Veterinary Doctors, Drivers of private motor-cars and light vans and persons engaged in occupations of similar hazard.\)
Class III	Builders ( engaged in manual labour) Garage and motor mechanics skilled and unskilled labourers, machine operators , Drivers of Trucks or lorries and other heavy vehicles professional athletes and sportsmen, woodworking machinists and person =s in occupation of similar hazard.
Class IV	Persons working in underground mines, Explosive factories, Magazines, Jockeys, circus personnel and persons engaged in occupation of similar hazard.

Notes: Occupations not included in the above will be decided by the insurer depending on the merits of each case.

**Permanent Partial Disablement (P.I.refer Benefits 5 above)**

Percentage of  
C S I

(i)	Loss of toes- all	20
	Great, both phalanges	5
	Great, one phalanx	2
	Other than great, if more than	
	One toes lost each	1
(ii)	Loss of Hearing – both ears	50
(iii)	Loss of hearing- one ear	15
(iv)	Loss of four fingures & thumb of	
	One hand	40
(v)	Loss of four fingures	35
(vi)	Loss of thumb-both phalanges	25
	One phalanx	10
(vii)	Loss of index fingure-	
	Three phalanges	10
	Two phalanges	8
	One phalanx	4
(viii)	Loss of middle finger-	
	Three phalanges	6
	Two phalanges	4
	One phalanx	2
(ix)	Loss of ring finger-	
	Three phalanges	5
	Two phalanges	4
	One phalanx	2
(x)	Loss of little finger-	
	Three phalanges	4
	Two phalanges	3
	One phalanx	2
(xi)	Loss of metacarpus-	
	First or second (additional)	3
	Third, fourth of fifth (additional)	2