

PROPOSAL FORM FOR LOSS OF LICENCE & PERSONAL ACCIDENT POLICY

Membership No.: O - _____ Proposal No.: (To be filled by the FIP office)

I hereby apply as a bonafide member of the FIP for Loss of Licence & Personal Accident Policy as under:

Name: CAPT. _____

Mailing Address: _____

Tel/Mobile Number: _____

Email Address: _____

Designation: (Tick \checkmark in the box) Captain First Officer

Employer's Name: _____ Employee/Staff No : _____

Employment Status: (Tick \checkmark box)

Permanent Employee: Date of Retirement ___/___/___ (DD/MM/YYYY)

On Contract: Date of Expiry of Contract ___/___/___ (DD/MM/YYYY)

Date of Birth: ___/___/___ Age Completed _____ (Years)

Date of last Medical _____ Date of Next Medical: _____

Type of Licence presently held & No _____

Validity of Licence (DD/MM/YYYY) : _____

Annual Salary as per last FY Form 16 INR: _____

Present net monthly Salary INR : _____

Sum Insured INR: _____ Bonus (If applicable. To filled by FIP Office)

Name of Nominee 1 _____ Relationship _____ Percentage _____

Name of Nominee 2 _____ Relationship _____ Percentage _____

Name of Nominee 3 _____ Relationship _____ Percentage _____

Cheque No: _____ Dated: ___/___/___ For INR: _____

Drawn on Bank: _____ Branch _____

(Note: Insurance is subject to realization of the Cheque).

I hereby declare I have not availed any other “Loss of License Insurance” cover, apart from:

i) The cover I am purchasing by way of this proposal form

AND

ii) Any such cover provided by my employer.

I accept that this policy will cease to exist if any other “Loss of License Insurance” cover is found to exist in conjunction with either of the types of insurance cover(s) referred in paragraphs (i) and ii) above .

It is understood that a valid flying licence issued by the Directorate General of Civil Aviation (Govt. of India) and the possession of a valid medical certificate/assessment issued by the Competent Authority to exercise the privileges of the same licence, are the two criteria for the issue / renewal of this Loss of License Insurance cover.

I hereby declare I am not willfully suppressing any information regarding any condition, medical or otherwise, that presently debars me from holding a valid flying licence.

I warrant that the above statement and particulars are true and hereby agree that this declaration shall be held to be promisor and shall form the basis of contract between me and ICICI LOMBARD GENERAL INSURANCE COMPANY LTD and I am willing to accept a policy subject to the Terms and Conditions prescribed by the company as agreed to by the Federation of Indian Pilots

Further I undertake to submit the relevant / required documents as desired by ICICI LOMBARD GENERAL INSURANCE COMPANY LTD, in the event of any claim.

I declare that the particulars given by me are true to the best of my knowledge and I agree to accept that if any information furnished by me is false then my policy stands cancelled.

Place: _____ Date: / /20

Applicant / Proposer’s Signature