

PROPOSAL FORM FOR LOSS OF LICENCE & PERSONAL ACCIDENT POLICY

Membership No.: _____ Proposal No.: _____

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

Name : CAPT. _____

Mailing Address :

Mobile Number : _____

Email Address : _____

Occupation:(Tick ✓ in the box whichever is applicable) Captain First Officer

Airline : _____ Staff No : _____

Employment Status :

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

If 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 held & No: _____

Validity of Licence : _____

Present Remuneration as per Form –16: _____

Sum Assured : _____ Bonus _____

Name of Nominee / Relationship: _____

Cheque No. : _____ Dated: _____ For Rs: _____

Drawn on Bank: _____ Branch _____

I agree that I have not availed any other “Loss of License Insurance” cover apart from the cover I am purchasing by way of this proposal form and any such cover provided by my employer. I accept that this policy will cease to exist if any such “Loss of License Insurance” cover is found to exist in conjunction with the cover being availed by me now.

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

I hereby declare that to the best of my knowledge I have not sustained any personal injury and I am not at the present time and have not been at any time affected by any illness (including temporary or otherwise of my physical, aural or eye condition) which debars me from holding a current valid licence. It is understood that a current valid licence issued by the Competent Authority is the only criteria for the issue / renewal of this Loss of Licence Insurance cover.

I further declare that the certificate of validity forming part of my above mentioned licence has never been invalidated for any period except as mentioned earlier.

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, Bajaj Allianz General Insurance Company Limited and Federation of Indian Pilots 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 Bajaj Allianz General Insurance Company Limited, in the event of any claim.

Place : _____ Date: / /201

Applicant / Proposer Signature
