



PREMIER INSURANCE CO. (Nepal) LTD.

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PROPOSAL FOR MEDICAL INSURANCE POLICY

Full Name of Proposer (In Block Letters):

Address: Phone No/ Mobile: Email:

Age: Yrs, Height: Ft, Weight: Kg, Occupation/ Business:

1	Please provide the details of your family members .		
	Name	Age	Relation
1			
2			
3			
4			
2	Is there any Group Personal Accident Insurance covering you and your family? If yes please provide the particulars. <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Has any proposal for GPA / medical Insurance of you and/or your family been cancelled/ rejected by other Insurance company? If yes, please provide the name of company and the reason for cancellation. <input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Are any circumstances connected with you and/or your family which would render this proposal more than usual hazardous? if yes, provide particulars. <input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Please choose the Annual limit of Medical benefits required. A. Rs. 50,000 B. Rs. 1,00,000 C. Rs. 2,00,000 D. Rs. 3,00,000 E. Rs. 4,00,000 F. Rs. 500,000* G. Rs. 7,50,000* H. Rs. 10,00,000* * Medical Screening Required		
6	Have you ever lodged any medical claim or received claim amount before ? If yes, please provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No		
7	Are you suffering from any chronic/pre-existing diseases ? If yes, please provide the details. <input type="checkbox"/> Yes <input type="checkbox"/> No		
8	Please provide the name of your nominee with whom company can officially communicate. Name: Relation: Address: Email Phone / Mobile:		
9	Please provide the period of insurance From: To:		

I /We declare that the above answers are true to the best of my / our knowledge and belief, and I /We have disclosed all particulars affecting the assessment of the risk. I / We agree that this proposal and Health declaration of the family member shall be the basis of the contract between me / us and the company. I/We will accept any liabilities for any faults proved against above declaration.

Date:

Place:

Signature

N.B: 1. In case the space is insufficient to provide answer, please continue on separate sheet and attach herewith .

2. Liability of the company does not commence until acceptance of the proposal has been intimated by the company.