



The United Insurance Company of Pakistan Ltd.  
**TAMEEM**  
Window Takaful Operations

**HEAD OFFICE:**

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**PERSONAL ACCIDENT – PROPOSAL FORM**

Name of the Proposer \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

Would you like to be on our SMS mailing list?  Yes  No

Name & Address of Employer \_\_\_\_\_

Occupation \_\_\_\_\_

(Please give full details) \_\_\_\_\_

C.N.I.C. No. \_\_\_\_\_

Cover Required: I wish to have the following plan

- Plan I Accidental Death, Permanent Disability (Total / Partial)  
Temporary Disability (Total / Partial)
- Plan II Accidental Death, Permanent Disability
- Plan III Accidental Death
- Accidental Medical Coverage

**Amount of Cover:**

Accident Sum Proposed Rs. \_\_\_\_\_

Medical Coverage Amount Rs. \_\_\_\_\_

(Maximum 10% of Sum Insured Proposed)

Weekly income under Plan-I will be Rs. 5 per 1000 of Accident Sum Proposed and payable upto 52 weeks.

Name of Beneficiary \_\_\_\_\_

Relationship with you \_\_\_\_\_

Name of contingent beneficiary \_\_\_\_\_

Relationship with you \_\_\_\_\_

**For Questions 1—6** Please tick boxes as appropriate. Where any answer is “yes” please give details:

1. . Are you at present insured against Personal Accident? Yes

No

2. Do you at present have life insurance? Yes

No

3. Do you suffer from any of the following impairments

(a) Impaired eye sight (b) Impaired hearing

(c) Any physical or mental defect or infirmity

(d) Any sickness

Yes  No

4. Have you ever met with an  accident? Yes

No

5. . Do you engage in any of the following sports/avocations?

(a) Motor cycling as a sport (b) Hunting

(c) Mountaineering (d) Winter Sports (e) Aviation (other than as a fare paying passenger).

Yes  No

6. Has any insurance company ever declined a proposal for insurance from you, or imposed special conditions or cancelled any policy?

Yes  No

## DECLARATION

1. I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.
2. I/We agree that the statements and declaration contained in this proposal form shall be the basis of my/our beneficiary status in the Takaful Fund and deemed to be incorporated in the Policy. **DECLARATION** Beneficiary status in the Takaful Fund and deemed to be incorporated in the Policy.
3. I/We hereby undertake to contribute the agreed amount to the Takaful Fund maintained and operated by the company.
4. I/We understand that as per the rules of Takaful Fund, by doing so I shall stand entitled to the membership of the Takaful Fund and being one of its beneficiaries subject to the rules and regulations of the Fund.
5. As a prospective beneficiary of the Fund, I/We offer my/our property, as specifically described in the attached schedule, for the indemnity cover provided by the Fund to its beneficiaries.
6. I/We hereby request to be issued with a confirmation to acknowledge my membership and my consequential rights as a beneficiary of the Fund.

Date: \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

*The liability of the Company does not commence until the Proposal has been accepted and the contribution paid. Only official receipt issued from the Company on printed form is binding on the Company*