

Personal Accident Insurance Policy

Agent Name ----- Policy No -----

Agent Number ----- Date -----

Insured -----

NRC / Passport No -----

Occupation -----

Address -----

Phone -----

Sum Insured KYT - -----

Premium KYT - -----

Term (Duration) - - - Year (----- From -----)

Beneficiary (Assignee) -----

NRC / Passport No -----

Age -----

Relationship -----

Address -----

Phone -----

In consideration of the premium paid by the Insured this Company undertakes and binds itself to pay the compensations stated in the policy to the Insured or his/her Beneficiary in respect of Injury, Disability or Death etc. sustained by the Insured resulting from or in consequence of an accident caused during the insurance period by violent, accidental, eternal and visible means subject to the terms and conditions of this policy and endorsements which may be made in future.

Authorized Official