



**UNITED INDIA INSURANCE COMPANY LIMITED**

**PROPOSAL FORM FOR LOSS OF LICENCE & PERSONAL ACCIDENT POLICY**

**Name** : CAPT. \_\_\_\_\_

**Mailing Address** : \_\_\_\_\_

\_\_\_\_\_

**Telephone Number** : \_\_\_\_\_

**Email Address** : \_\_\_\_\_

**Occupation:**

- Captain
- First Officer

**Airline** : \_\_\_\_\_ **Staff No:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Have you availed this policy earlier:** (a) Yes (b) No

**If yes, since how many years:**

**Sum Assured** : \_\_\_\_\_

**Name of Nominee / Relationship:** \_\_\_\_\_

**Cheque No :** \_\_\_\_\_ **Dated:** \_\_\_\_\_ **For Rs:** \_\_\_\_\_

**Drawn on Bank:** \_\_\_\_\_ **Branch** \_\_\_\_\_

I agree that this insurance would be invalidated by the existence of another "Loss of Licence Insurance" except from my Employer, unless approval is obtained from "United India Insurance Company Limited"

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 debar 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, "United India Insurance Company Limited".

We recognize Alliance Insurance Brokers as the intermediary of this arrangement who will assist advice and service us in connection with this proposed policy.

Further I undertake to submit the relevant / required documents as desired by "United India Insurance Company Limited" in the event of any claim.

Place : \_\_\_\_\_ Date:     /     /201

\_\_\_\_\_  
Applicant / Proposer Signature

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Rotary Wing Society of India Life

Membership No. MRWSI.....

RWSI/     /2012

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Dated .....2012

RWSI, M-143, Sector-25, Noida

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Cheque No. .... dated..... Bank.....

For Rs. 300/- favouring Rotary Wing Society of India is attached