

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

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

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

Occupation:

- 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 this insurance would be invalidated by the existence of another "Loss of Licence Insurance" except from my Employer, unless approval is obtained from Bajaj Allianz General 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 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 any 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