



SHAHEEN INSURANCE COMPANY LIMITED

A Joint Venture of Shaheen Foundation-PAF, Hollard Insurance and FCSC



PROPOSAL FORM **PERSONAL ACCIDENT**

Proposer : _____

Occupation : _____

Address : _____

Period : From _____ To _____

Age : _____

NIC Number : _____

Whether insured participates in racing , mountaineering and/or any similar dangerous sport. _____

Sum Insured : _____

Required limit for medical expenses : _____

Nominee(s) (supported by nomination signed by the proposer).

Name	Relationship	% allocation

Whether family members are to be insured Yes () No ()

Family member(s) data

S.No.	Name	Age	Relationship	Occupation	Sum Insured	Medical Expenses