



(This form is not applicable for Interns)

Personal Accident Insurance Nomination details

Personal Accident Insurance (Personal Accident + Life Cover + Medical Insurance)					
	1	2	3	4	5
Beneficiary Name					
Beneficiary Relationship					
Beneficiary Date of Birth					
Beneficiary Guardian Name <i>(If the nominee is a minor)</i>					
Beneficiary Address					
Proportion of Lumpsum%					



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INSURANCE NOMINATION FORM
(To be filled in by employee)

I, _____ E.Code _____

Nominate the following person to whom in the event of my death the amount under each of the below policy will be payable.

Policy Name	Beneficiary Name	Beneficiary Relationship	Beneficiary Address	Proportion of Lumpsum %
Mediclaim / Personal Accident / LifeCover				

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Limited [Company] liability and no one party shall have any rights upon the Company w.r.t aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement between me and the Company. There are no oral or written understandings, representations, warranties, or commitments of any kind, express or implied, in relation to the matters dealt with this that are not expressly set out in this document.

I understand that the Insurance benefit schemes are offered at the discretion of the management and are subject to change from time to time without prior notice. The above nomination will be valid for the schemes applicable at the time of occurrence of an event / claim during my employment with Company.

Full Name and Location of Witnesses	Signature of Witnesses
1.	1.
2.	2.

Date: 04/09/2025

Place:	Signature of employee
	Electronically signed by: Venkatesan D