DETAILS FOR PERSONAL ACCIDENT INSURANCE POLICY

|  |  |
| --- | --- |
| **Name of the Employee** |  |
| **Father’s Name** |  |
| **Employee Number** |  |
| **Date of Joining** |  |
| **Designation** |  |
| **Date of Birth** |  |
| **Present Address and Phone No** |  |
| **Permanent Address and Phone No** |  |

Name of the Nominee/Relationship with the Employee:

|  |  |  |
| --- | --- | --- |
| **Name of the Nominee** | **Relationship with Employee** | **Percentage Payable** |
|  |  |  |

Name and Address of the person to be contacted in case of emergency:

Place:

Date: Signature of the Employee