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# Personal accident insurance



## Atlas Insurance Ltd.

**HEAD OFFICE:** 3-Bank Square, Shahrah-e-Quaid-e-Azam, Lahore - 54000, Pakistan.  
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**ZONAL OFFICE:** Federation House, Shahrah-e-Firdousi, Main Clifton, Karachi-75600.  
**Phones:** +92 (21) 536 9394-6, 537 8806-7 **Fax:** +92 (21) 537 8515  
**Email:** info@atlasinsurance.com.pk  
**Website:** www.atlasinsurance.com.pk N.T.N. 2396345-0

# Benefits

Contingencies	Compensations
1. Accidental Death only.	Rs. 100,000
2. Loss of two limbs or both eyes or one limb and one eye.	Rs. 100,000
3. Loss of arm, above the elbow.	Rs. 50,000
4. Permanent total deafness in both ears.	Rs. 50,000
5. Loss of one eye.	Rs. 50,000
6. Loss of one leg above the knee.	Rs. 50,000
7. Loss of arm, below the elbow.	Rs. 45,000
8. Loss of one leg below the knee.	Rs. 35,000
9. Loss of a thumb.	Rs. 17,500
10. Loss of an index finger.	Rs. 12,500
11. Permanent total deafness in one ear.	Rs. 10,000
12. Loss of any other finger.	Rs. 5,000
13. Loss of big toe.	Rs. 5,000
14. Loss of any other toe.	Rs. 3,000
15. Permanent total disablement other than above (compensation payable until the sum insured is reached).	Rs. 5,000 per week
16. Temporary total disablement (payable maximum upto 52 weeks).	Rs. 500 per week
17. Temporary partial disablement (payable maximum upto 52 weeks).	Rs. 125 per week

## Age Limit : 18 to 60 Years Benefits for a sum insured of Rs. 100,000

Benefits for higher sum insured shall be proportionate to the above, except weekly benefits under item 16 and 17, which will be restricted to a maximum of Rs. 1,800 and Rs. 600 respectively. The total compensation in all cases will not exceed the sum assured.

# Annual Premium on sum insured of Rs. 100,000

Scheme No.	DETAILS	<i>Occupation Classification</i>		
		<i>*Class I (Rs.)</i>	<i>*Class II (Rs.)</i>	<i>*Class III (Rs.)</i>
1.	Accidental Death only.	120.00	140.00	200.00
2.	Accidental Death & Permanent total disablements. (Benefits 1 to 15)	160.00	220.00	330.00
3.	Accidental Death, permanent & temporary disablements. (Benefits 1 to 17)	280.00	380.00	500.00

**Note:** Group discount of 20% to corporate employees consisting of 30 or more persons will be allowed.

## Classification of Occupations

- ➔ **Class-I** Accountants, Bankers, Architects, Students, Shopkeepers, Consulting Engineers, Clerks, Professional and Mercantile Occupation generally.
  
- ➔ **Class-II** Motor Engineers, Factory Managers, Supervisors and foremen not engaged in manual work but directly concerned with supervision of manual workers.
  
- ➔ **Class-III** Engineers, Foremen, Workmen and Tradesmen engaged in manual labour, Carpenters, Motor Drivers and the like.

# ***Proposal for Personal Accident Insurance***

**POLICY NO.** \_\_\_\_\_  
(To be filled by the Company)

Name in full \_\_\_\_\_

National Identity Card No. \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No.(s) Off \_\_\_\_\_ Res. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Amount to be insured Rs. \_\_\_\_\_

Scheme No. (Please see page 2) \_\_\_\_\_  
\_\_\_\_\_

Class of Cover (Please see Page 2) \_\_\_\_\_

Period From \_\_\_\_\_ To \_\_\_\_\_

Particulars of beneficiary (Name, Address & N.I.C. No.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

Mode of Premium Payment \_\_\_\_\_ Draft /Cheque / Cash

➔ ***(Proposal form alongwith Cheque/Draft drawn in favour of  
Atlas Insurance Ltd. may be mailed to Branch / Head  
Office of the Company.***

## **Important Notice**

**The Liability of the Company shall not commence until:**

- (a) This proposal has been accepted by the company and policy documents issued to this effect.
- (b) The premium has been paid in full to Atlas Insurance Ltd. through Cross Cheque/Draft/Cash.
- (c) The Company does not encourage cash payment to the representative of the company who is not an employee. Against any cash payment the company's official receipt must be obtained. Please ensure receipt of Policy Documents.

1. Are you already Inured under Personal Accident Policy?  
Please mention sum insured. \_\_\_\_\_
2. Have you made any claim under such Policy before?  
If so, give details. \_\_\_\_\_
3. Have you been declined, offered/accepted on special terms or had Policy cancelled for life or accident Insurance? \_\_\_\_\_
4. Have you got a Life Insurance Policy?  
Please mention sum Insured. \_\_\_\_\_
5. Do you suffer from any physical infirmity? \_\_\_\_\_

6. ***Declare that:***

- (a) I am in good health and there are no circumstances of occupation, habits, health or bodily power which might render me specially liable to accident or disablements.
- (b) I have never been ruptured or suffered from varicose veins, or had any disease or infection of the eye or sight or hearing in any way impaired, or ever had paralysis or fit of any kind or heart disease or rheumatism or suffered from bodily infirmity or disability.
- (c) I am and always have been uniformly sober and temperate in my habits and agree to give notice to the Company of any variation in my profession or occupation, habits or pursuits and of any sickness, physical defect or infirmity by which I may become affected and of the affecting or other insurance (excepting Coupon) against Accident.
- (d) I further declare that the above answers are true and that I have withheld no information affecting the proposed insurance. I agree that this declaration and the answers given above shall be the basis of the Contract between me and **ATLAS INSURANCE LTD.**, and I further agree to accept a Policy subject to the Conditions of the policy as contained therein and endorsed thereon.

Dated: .....

\_\_\_\_\_  
(Signature of Proposer)

### EXCLUSIONS

- (a) Bodily injury willfully incurred.
- (b) Death, bodily injury due to or resulting from intentional self-injury, suicide or attempted suicide (whether felonious or not).
- (c) Death, bodily injury due to or resulting from or happening during intoxication, insanity, fighting or unlawful act on the part of the insured or surgical or medical treatment except in case where such treatment is made necessary by the particular injury for which the claim is made.
- (d) Death or bodily injury sustained by the insured whilst flying other than as a fare-paying passenger in an aircraft operating by a regular air-line over an established route.
- (e) Death or bodily injury directly or indirectly resulting from War invasion, Act of Foreign Enemy Hostilities, (whether War be declared or not) Civil War, Rebellion, Revolution, Insurrection, Military or Usurped Power Riot or Civil Commotion.
- (f) Death or bodily injury resulting from service on duty with Armed Forces.
- (g) Football, Polo, Hunting, Sheepchasing, Mountaineering (involving the use of ropes or guides) Racing of any kind, winter sports and other sports activities.
- (h) Child Birth, Pregnancy, Miscarriage, Abortion.

**Subject otherwise to the terms or conditions of the Policy to be issued by the Company**

